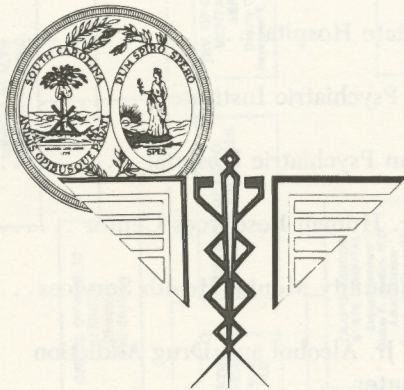




# **SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH**

## **ANNUAL REPORT 1979-80**

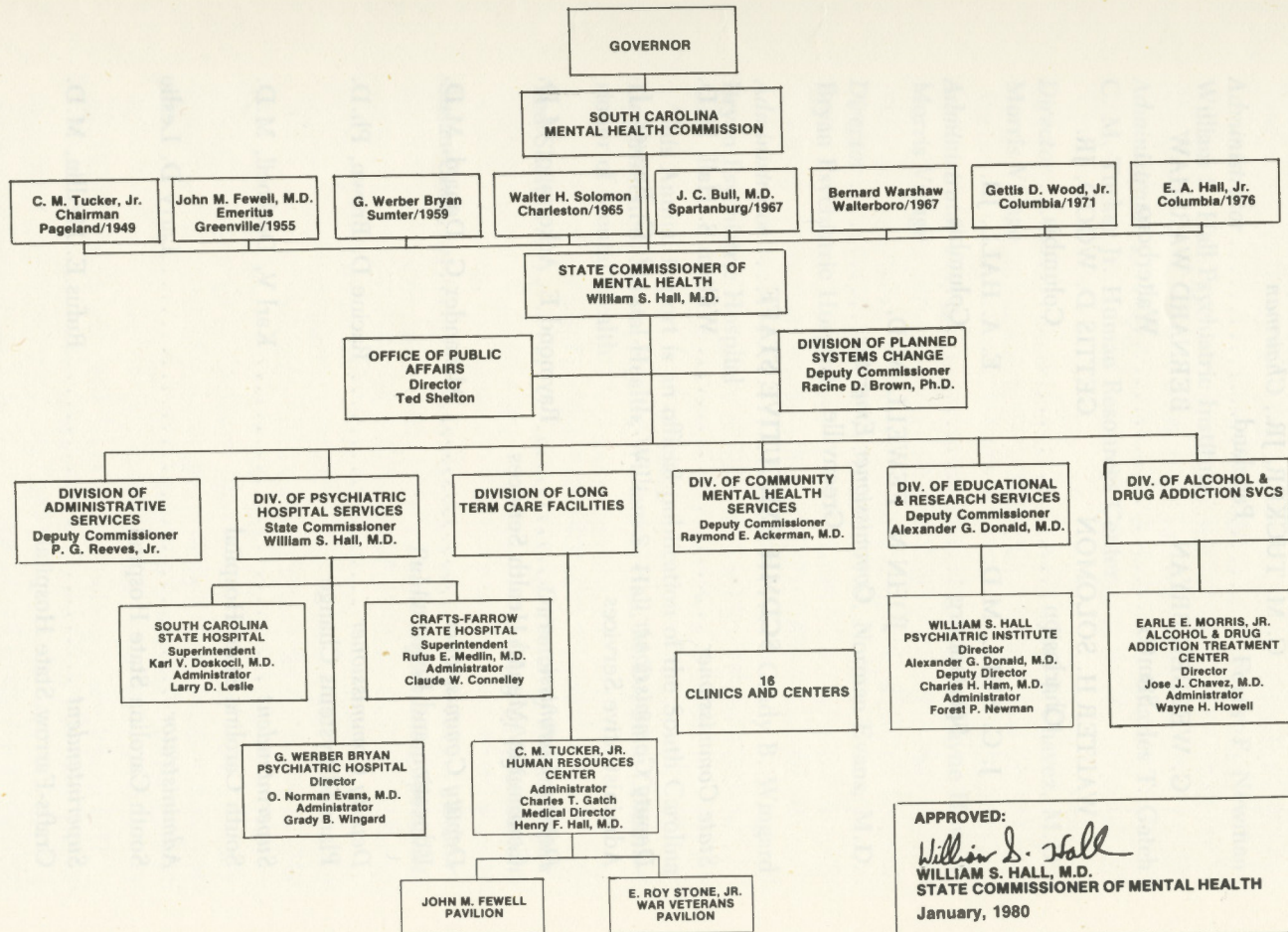


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State Budget and Control Board**



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## S. C. MENTAL HEALTH COMMISSION

C. M. TUCKER, JR., *Chairman*  
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Sumter

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Walterboro

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Charleston

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Columbia

J. C. BULL, M.D.  
Spartanburg

E. A. HALL, JR.  
Columbia

JOHN M. FEWELL, M.D.  
*Commissioner Emeritus*  
Greenville

### SCDMH EXECUTIVE STAFF

*State Commissioner* ..... William S. Hall, M.D.

*Deputy Commissioner* ..... P. G. Reeves, Jr.  
Administrative Services

*Deputy Commissioner* ..... Raymond E. Ackerman, M.D.  
Community Mental Health Services

*Deputy Commissioner* ..... Alexander G. Donald, M.D.  
Education and Research

*Deputy Commissioner* ..... Racine D. Brown, Ph.D.  
Planned Systems Change

*Superintendent* ..... Karl V. Doskocil, M.D.  
South Carolina State Hospital

*Administrator* ..... Larry D. Leslie  
South Carolina State Hospital

*Superintendent* ..... Rufus E. Medlin, M.D.  
Crafts-Farrow State Hospital

*Administrator* ..... Claude C. Connelley  
Crafts-Farrow State Hospital

*Director* ..... Alexander G. Donald, M.D.  
William S. Hall Psychiatric Institute

*Administrator* ..... Forest P. Newman  
William S. Hall Psychiatric Institute

*Administrator* ..... Charles T. Gatch  
C. M. Tucker Jr. Human Resources Center

*Director* ..... José J. Chavez, M.D.  
Morris Village

*Administrator* ..... Wayne Howell  
Morris Village

*Director* ..... O. Norman Evans, M.D.  
Bryan Psychiatric Hospital

*Administrator* ..... Grady B. Wingard  
Bryan Psychiatric Hospital

This Annual Report is an official publication of the South Carolina Department of Mental Health, William S. Hall, M.D., State Commissioner of Mental Health.

Ted Shelton ..... *Director of Public Affairs*  
*Chief of Information*

Susan Craft ..... *Editor*  
*Public Information Specialist*



## COMMISSIONER COMMENTS

Everyone tries to capture the status of a Department's past fiscal year with words such as "dramatic", "impressive", or "turning the corner" — you've heard all the code words and cliches.

If I had to summarize the status of the Department of Mental Health for FY 1979-80 I would have to say it was a year of retrenchment and review. It was another year of lesser funds appropriated; increased demands for mental health services; more pressure to cut back in the number of personnel, and etc., etc., etc.

So, while our progress overall may not have been as dramatic as in past years there were still several noteworthy accomplishments which deserve highlighting.

The G. Werber Bryan Psychiatric Hospital, the first facility of the Village System almost became fully operational as a regional psychiatric hospital serving a catchment area of 28 counties. As an intensive treatment psychiatric hospital it has already established an impressive statistical record of persons treated which serves well to reinforce our belief that the regional hospital is a proper direction to better serve the needs of patients.

Planning proceeded during the year on Village B, which is proposed for construction near Anderson, and which, on completion will serve a 14-county area of the Piedmont section of the state.

Two other regional hospitals were included in the original 4-Village plan; one in the Pee Dee and one in the lower Coastal area of the state. The need for Village C (Pee Dee) will depend upon the demonstrated operational capabilities of Bryan Hospital and, at this point, construction of Village D for the lower coastal area is not indicated within the next decade.

Another milestone was the approval from several official bodies for the Department to move ahead on its planned construction of a 308-bed intermediate care facility to become the third unit of the C. M. Tucker Jr. Human Resources Center in Columbia. This unit will be named in honor of the late Senator Frank L. Roddey of Lancaster who was most supportive of mental health programs and progress.

Of a somewhat dramatic note was the re-accreditation of South Carolina State Hospital by the Joint Commission on Accreditation of Hospitals. Surveyed in October, 1979, re-accreditation was first denied under a series of strict new standards which had only been approved by the JCAH shortly before the SCSH survey.

That denial was appealed and in May, 1980, we were notified that SCSH had been approved for a one-year accreditation.

Crafts-Farrow State Hospital also received a one-year accreditation by the JCAH. One-year accreditation is tantamount to a one-year probation or an extension of time to come up to the standards established by

JCAH. Every effort is being made to bring about those necessary improvements at both SCSH and CFSH to obtain a full two-year accreditation for these institutions — which is the maximum allowed.

The C. M. Tucker Jr. Human Resources Center and the William S. Hall Psychiatric Institute, the teaching, training and research facility of the Department of Mental Health were awarded full two-year accreditation by JCAH. Hall Institute is also the nucleus of the Department of Neuropsychiatry and Behavioral Sciences of the Medical School of the University of South Carolina.

Community Mental Health Services initiated court screening (pre-commitment) services in seven community mental health centers during the past year, bringing to eight the number of centers who have this highly effective program. And again it was shown statistically that court screening programs can effectively divert many mentally ill persons to community center treatment programs who would otherwise be committed to a central institution. Areas served by the court screening programs showed only a 5 per cent increase in emergency-type commitments while areas without the program increased 15 per cent.

Significant achievements of the program include: 1) the involvement of local general hospitals in the treatment of psychiatric patients; 2) the utilization of local physicians in the treatment of these patients; 3) development of closer linkages between community mental health centers and the Probate Courts in the disposition and treatment of persons with severe mental illness.

Programs for autistic children continued to expand during the past year and added to the overall services was a unique program at South Carolina State College serving autistic pre-schoolers through the Speech, Hearing, and Language Clinic. Programs were added at three locations bringing the total to five areas now served with an autistic childrens program; Charleston, Columbia, Spartanburg, Florence and Conway. Training and planning were completed for an additional program to begin in late 1980 in Greenwood.

This past year also saw the completion of indepth studies for both the SCSH campus and that of CFSH — projections on what we must have by way of upgrading, renovations and new buildings to replace long obsolete structures. Our objective is to provide acceptable beds to accommodate approximately 800 patients at each of these major institutions. These reports have been received and currently are being given probing consideration by the Mental Health Commission and the staffs of the Department and each hospital.

During the year we also completed a 5-year Program Budget Plan and a 10-year Capital Improvements Program Comprehensive Plan — complete modernization of S. C. State Hospital and Crafts-Farrow are key elements of this overall plan.



Much of what we are going to be able to accomplish in the next year, and succeeding years, will be totally dependent upon the General Assembly response to the annual operating appropriation request of the Department; all planned construction projects are dependent upon funds available through the Department's capital improvements bond authorization and as they may be approved by the Budget and Control Board, the Joint Bond Committee of the General Assembly and the General Assembly in Legislative Session.

### OFFICE OF THE STATE COMMISSIONER

The Office of the S. C. State Commissioner of Mental Health consists of the Commissioner (Dr. William S. Hall), an Administrative Assistant II, and an Executive Secretary.

Dr. Hall has served in this capacity since July 1, 1963. As the chief executive of the department it is his responsibility to administer the policies, rules and regulations established by the S. C. Mental Health Commission. He is appointed by this Commission, which is the governing board of the department and whose members are appointed by the Governor and confirmed by the state senate.

The Commissioner must be a medical doctor licensed in S. C. with approved training and experience in psychiatry. The Commissioner has the power to appoint and, at his discretion, remove all other officers and employees of the department (subject to approval of the Mental Health Commission).

The Commissioner acts as the immediate supervisor of the Office of Public Affairs and the deputy commissioners who are responsible for the various operations and services of the divisions of the department.

### OFFICE OF PUBLIC AFFAIRS

In its function as a public affairs entity this office received questions from the public (students requesting assistance and information about the department and mental health for class projects and citizens who are concerned about mental health services for friends, or relatives, etc.) and saw to it that they were answered through direct communication, by referring them to a proper source of information or by mailing written materials. This office handled letters of complaint from patients and their relatives forwarded from the Governor's Office and investigated such complaints.

The office provided speakers as requested by various organizations for their meetings and programs.

In its capacity as a service for dissemination of information to employees and the public the office published a monthly newsletter, the

REPORT. This publication was distributed to all department employees and to a mailing list of over 700 (Governor's Office, S. C. Legislators, probate judges, state agencies, S. C. Colleges and Universities, the S. C. Mental Health Commission, 25 S. C. daily and 81 weekly newspapers, 14 television and 117 radio stations, Community Mental Health Center and Clinic Board members and miscellaneous requests).

The office also published D<sup>2</sup> — DATA AND DIALOGUE, a monthly newsletter for CMHS employees.

A total of 19 news releases were distributed to the S. C. mass media.

The office participated actively in the planning and preparation of special events such as the Annual Meeting.

Staff members created brochures and programs by request of various department facilities which presented workshops during the fiscal year, as well as informational brochures for several clinics and centers. Staff members also helped design exhibits and booths for the S. C. State Fair, the APA Annual Meeting, and for centers and clinics.

The office designed and coordinated the distribution of the 1979 Christmas Card. It is also the duty of the office to compile, edit, and prepare for publication the department's Annual Report.

Two staff members took the pictures of special department events for the record, as well as those pictures which appeared in all the department publications. The staff also took color slides of department facilities and activities which were used in "road shows," talks, and programs presented for the public by various SCDMH personnel. Color photographs and slides were taken for use in recruiting booths. A photograph, negative, and slide file is kept on hand for requests, reference, and future use.

The office maintained extensive files including all publications, letters, materials, laws, information of historical interest, and special events pertaining to the department.

One staff member was responsible for finding and keeping on file all newspaper articles regarding the department and anything relating to mental health which appeared in the major S. C. newspapers.

The Coordinator of Tours and Visitations structured an educational program including audio-visual materials, speakers, question and answer sessions to accommodate school, professional and other groups interested in knowing more about the department.

The office receives inquiries from the news media and refers them to the proper Department/Facility official for response.

The office coordinates Zoo Day for the Handicapped for Mrs. Nancy Thurmond and U. S. Senator Strom Thurmond. This is a statewide event which has an annual attendance in the thousands.



## DIVISION FOR PLANNED SYSTEMS CHANGE

During FY 1979-80, the Division made substantial progress. In addition to a State Mental Health Plan and a Five-Year Program Budget Plan, it coordinated the production of a Ten-Year Capital Improvements Program Comprehensive Plan. Bryan Psychiatric Hospital has become fully operational, and Village B planning moved along to a point whereby the design phase is nearing completion. Various program initiatives and successes are indicated under the respective office reports which follow.

Early in the coming year an Office of Mental Health Services for the Elderly will be established; a Departmental Coordinator of Volunteer Services will likewise be designated. Village B plans are expected to be completed in FY 1980-81. Within the year the Division will coordinate the development of a new Five-Year State Mental Health Plan, under the advisement of the 32 member State Plan Advisory Council.

### *Office of State Plans and Grants Development:*

During 1979-80 the Planning Section produced the State Mental Health Plan for 1981 and Progress Report for 1979, successfully negotiated Memoranda of Agreement (M.O.A.'s) with Housing and Urban Development (H.U.D.) and Department of Vocational Rehabilitation, and accepted the responsibility for filing and producing the C.O.N. program for the Department. At present ten (10) are being finalized and three (3) have received approval from the Department of Health and Environmental Control (DHEC); processed 42 proposals (Grants on Research Projects) for the Grants Review Board.

### *Office of Youth Services:*

The mandate of this Office is provision of Department advocacy, planning, coordination, and issue resolution in public mental health service delivery for youth in the State. Progress has been made in State legislation, provision of public school education, interagency planning and work agreements, licensure of private treatment facilities, and judicial reform. Coordination between service units within the Department is a constant process with progress in alternatives for hospitalization, primary prevention, training and research, monitoring of service delivery. On a federal level the Department has contributed to Congressional legislation processes, cooperative publications and research. The Director of this Office headed a U. S. Delegation to the first Canadian international conference on child mental health service delivery. Instrumental in the functioning of the Office has been the Department C&Y Council (i.e. SCDMH Directory of Children's Services; new five-year goals; issue resolution) and the Governor's Task Force on Child

Development and Education (with a new Governor emphasis on services for age 0-6). Materials re services, primary prevention, etc., are available from this Office (758-8780).

*Office of Primary Prevention:*

Primary prevention is specifically identified action with or in behalf of communities, groups or individuals designed to:

- maintain and promote productive behaviors as a part of natural life processes,
- arrest and remediate counterproductive behaviors prior to their becoming patterns of living and,
- reduce the occurrence of mental disabilities and physiological defects which interfere with normal life development.

Within the prevention services domain are seven major dimensions: information services, education services, counseling services, consultation services, networking services, advocacy services and physical intervention services.

The scope of primary prevention includes the active initiation and support of programs designed to assure the normal healthy development of children, adults, their families, and their communities; to improve directly and through collaborative efforts with other organizations, the individual's ability to cope with stressors, especially those in high risk populations; to offer a range of appropriate life stage interventions; and to engage in appropriate study and research.

Each of the sixteen community mental health centers and the six hospitals have appointed key persons and/or committees in primary prevention. Also each has specified goals and objectives. More than one hundred projects and programs have been offered or are in the process of being implanted.

Linkages on the local, regional, state and national levels have been established. The Department is actively represented on the South Carolina Primary Prevention Council. It has also been a co-sponsor of the Annual Carolinas Primary Prevention Conference. There has been participation with the Mental Health Division of the Southern Regional Education Board in the preparation of standards for prevention services.

Two goals among others for the immediate future are:

To enable, by June 30, 1982, 250 children and 375 of their family members enhance their optimal mental health and thereby minimize the deleterious effects of severe parental or family member disorders of mental illness, alcoholism and addiction.

To reduce, by 1990, the number of children in school settings (ages 5-20 years) requiring services for emotional and mental handicaps by 10 percent.



### *Office of Alcohol and Drug Addiction Services:*

Strive to maintain a high quality and integrated service delivery system to alcohol and drug abusers and their families through these several successful activities:

1. Continuation of a Departmental level Office of Alcohol and Drug Addiction Services where development, oversight, liaison and coordination activities occur with numerous public and private agencies.
2. Increased commitment of the Department to serve large numbers of alcohol and drug patients through its central facilities and community mental health centers. For example, the central facilities have served the following number of persons with significant alcohol and drug diagnoses:
  - A. Earle E. Morris, Jr. Alcohol and Drug Addiction Treatment Center — 1294
  - B. G. Werber Bryan Psychiatric Hospital — 299
  - C. Crafts-Farrow State Hospital — 156
  - D. South Carolina State Hospital — 680
 Projected costs for services to these persons alone amount to nearly six million dollars.
3. Increased interagency interaction, planning and process development directly affecting quality of services, flow of patients, reduction in duplication of services, additional memoranda of agreement and closure of gaps in service.
4. Increased interagency planning on specific service projects, state agency plans, training and utilization of manpower and financial resources in such areas as School Intervention, Addictions Counselor Certification, Legal Drug Task Force, Drug Fines and Forfeitures, treatment innovations, related state laws, licensure of facilities, South Carolina School of Alcohol and Drug Studies and Family Fest — 1980.
5. Increased Departmental recognition of innovative approaches through publication in nationally distributed magazines of articles on our solar energized greenhouse and relaxation treatment programming.
6. Increased technical assistance to our facilities toward maintaining adequate and competent services in spite of areas of significantly reduced state funding.

## **DEPARTMENT OF ARCHIVES AND HISTORY**

A place of beauty and interest and the source of historical information, the Department of Archives and History continued to be visited by hundreds of local, state and out of state folks.

The widespread concern in tracing "family roots" increased inquiries about family data in hospital records, and brought forth several unusual situations. Department physicians and their staff personnel, those from throughout S. C. and elsewhere came for information and indepth research. There were many inquiries by mail. Notices in travel publications resulted in inquiries and out of state visitors.

Hospital inservice educational training personnel came on a regular basis for tours and orientation. Other groups and individuals from various areas of the Department were here for similar information. The Archives director interpreted the history and progressive care for the mentally ill in South Carolina, and explained the many meaningful portraits, artifacts, etc. Especially stressed to hospital personnel were the progress in the mental health realm, the privileges, importance and opportunities afforded each one in caring for the patients entrusted to them.

Several committees and groups within the official framework and from the city met in the Archives.

South Carolina was the second state to authorize and finance a hospital for the mentally ill by Act 2269 of the S. C. General Assembly on December 20, 1821. The first such officially authorized hospital was in Williamsburg, Virginia, in 1773. The Mills Building (originally the S. C. Lunatic Asylum) is the oldest state mental hospital in the nation in continuous use. No longer occupied by patients, this for many years has been a multiple purpose facility.

In the Archives are meaningful displays of historical significance — portraits of the two legislative founders, Colonel Samuel Farrow of Spartanburg, known as the Father of the Asylum, and Major William Crafts of Charleston; Dr. John Waring Parker, the first medical superintendent; and others of importance. Act 2269, December 20, 1821, of the S. C. General Assembly, authorizing and providing finances for the Lunatic Asylum is on view, together with subsequent Acts referable to name changes.

There are photographs of the original designs for the Lunatic Asylum (the Mills Building) by Robert Mills, internationally known South Carolina architect; original handwritten historic documents, minutes of the 1828 first meeting of the Board of Regents; admission records of the first patient, a young white woman, on December 12, 1828, beautiful authentic furnishing used in the Mills Building and in the S. C. State Hospital, etc., etc., etc.

Among the treasures are two plaques from the United States Department of the Interior stating that the Department of Archives and History and the Mills Building were entered on the National Register of Historic Places under the provisions of the National Historic Preservation Act of 1966 for historic significance.



The Mills Building represents a remarkable period in South Carolina history. The beautiful, impressive and unusual structure — the FIRST fire proof building in the United States with the FIRST roof gardens, is an imposing, enduring monument to the creative genius and humanitarianism of Robert Mills.

Visitors are encouraged to view the unusual and lovely features of the Mills Building, the lofty vaulted ceilings, graceful, steep, curved stairs, the spiral stairs from the second to the fifth floor, different size windows on each floor, split levels, various sizes and shapes of handmade brick on the outer walls, etc., etc., etc.

The Department of Archives and History is located in the entire East wing, ground level, of the 1822 Mills Building.

There was involvement in work related activities in the city.

## **DIVISION OF ADMINISTRATIVE SERVICES**

### **INTERNAL AUDIT SECTION**

During the fiscal year 1979-80 the Internal Audit Section has been comprised of the following positions; (1) Auditor III, (1) Auditor II, and (1) Accounting Clerk III. Personnel changes within the section resulted in the additional responsibility of coordinating the Title XX and CETA programs. The Department's Title XX budget for FY 79-80 was \$525,174.00. A major CETA contract ended September 30, 1979 totaling \$571,548.00. Another contract amounting to \$38,751 began October 1, 1979. This contract was greatly reduced because of a reduction in Title VI money from the Federal level.

An additional Mental Health Center was opened in September of 1979, bringing to a total sixteen Community Mental Health Centers audited during the fiscal year. Annual audits have been performed on the Pharmacy operations at State Hospital and Crafts-Farrow. Semi-annual audits and inventories have been accomplished for the Commissary and Warehouse. Annual audits and operation reports have been performed for the Canteens at SCSH CFSH, and Morris Village. The eleven petty cash funds throughout the department were audited periodically. Quarterly audits of the meat pricing policies for the warehouse have been accomplished. Periodic payroll check distribution audits were performed at subjectively selected areas throughout the Department.

### **COMPUTER SERVICES BRANCH**

The Computer Services Branch consists of the Systems and Programming Section and the Computer Operations Section, and handles all data processing activities for the Department.

The function of the Systems and Programming Section is to design, program, and implement computer programs and systems to perform business applications and to gather and make available patient information.

During the past year the Financial Management System was converted from card input to on-line input via terminals, and several new expenditure reporting programs were written for the use of the Finance Department and the Budget Section. Additionally, an on-line Personnel History System was designed and will soon be in operation. The basic design has also been completed on an on-line Personnel Information Reporting System. Also, the Property Inventory System is currently being redesigned and rewritten; and work has begun on designing an on-line Purchase Order System.

During the past year many enhancements have been made to the on-line Patient Information System. The patient master file has grown to contain more than 43,800 patient records, all available to users at the various facilities. Update transactions are being applied to patient records at a rate of 10,000 to 11,000 per month. Two new users were added to the System: Byrnes Clinic and SCSH Pharmacy.

The on-line Patient History System continues to make available to users on request: a display of individual patient status changes, ward transfers and some demographic data. The data collection was begun in October, 1976, making an evergrowing amount of historical reference data accessible to many users.

Computer Operations Section utilizes programs and systems to enter, store, retrieve and process information and make it readily accessible for use by other components of the Department. This Section operates twenty-four hours a day, seven days a week. The Computer Operations Section is responsible for all data processing equipment. The Computer System now has a memory size of 1,048,576 bytes and a disk storage capacity of 2,070 million bytes. Also, there are now 27 Cathode Ray Tube Terminals attached to the System. It is expected that several more will be added during the coming year.

## LICENSING SECTION

Nineteen additional Community Care Homes were licensed during the fiscal year with an increase of 153 beds. Thirteen Community Care Homes were closed (due to choice, transfer of ownership, or revocation) during the year with a total bed capacity of 102. At the end of the fiscal year, there were a total of sixty-three Community Care Homes with a total of 792 beds.

During the fiscal year, seventy-seven Alcohol and Drug Abuse Facilities were relicensed, plus seven additional facilities have been



licensed with an increase of 89 beds. Six Alcohol and Drug Abuse Facilities were closed (reportedly due to lack of funds) during the year with a bed capacity of 50. At the end of the fiscal year, there were seventy eight Alcohol and Drug Abuse facilities.

Two additional Detox Centers have been licensed with an increase of 46 beds. One detox closed with a bed capacity of 20. At the end of the fiscal year, there were nine Detox Centers with a bed capacity of 144.

There have been four additional Halfway Houses to be licensed with forty-three additional beds making a total of 25 facilities with a bed capacity of 330. There have been two Halfway Houses to close during the year and several have reduced their bed capacity. At the end of the fiscal year, there were twenty-two Halfway Houses with a bed capacity of 258.

One additional Outpatient Facility was licensed during the year. At the end of the fiscal year, there were 47 Outpatient facilities.

At the present time, there are two potential Alcohol and Drug Abuse facilities to be licensed and eleven potential Community Care Homes.

The Licensing Section has licensed a total of 141 facilities which have a total bed capacity of 1,194.

Travel for the year amounted to approximately 42,300 miles.

## **STATISTICS AND RESEARCH**

The SCDMH Statistics and Research Section serves the entire Department. Our primary function is to maintain the Hospital Statistical System and Community Mental Health Information System from which various statistical reports are produced. During the past fiscal year we have had an increase in the number of requests for statistical consultation and assistance for various surveys, grants, and research projects throughout the Department. We continue to receive excellent cooperation from Computer Services in carrying out our duties.

The Division For Planned Systems Change has greatly increased their need for statistical data in the past fiscal year. The operation of and involvement with the Community Mental Health Information System has reached the point that over 50% of staff time for Statistics and Research is devoted in some way to the CMHS Information System.

## **STAFF DEVELOPMENT PROGRAM**

Over 100 courses and a variety of audiovisual training programs were offered to SCDMH employees during the past year by the Staff Development Program and the Learning Laboratories. They included workshops on supervisory and management skills designed to help our employees work together as a more harmonious, effective team, workshops offering therapeutic learning experiences that increase knowledge

and skill in delivering mental health services, and audiovisual training addressing orientation, primary prevention, treatment skills, and observation and documentation needs of staff.

All offerings are based upon needs determined by written and verbal surveys of key people throughout the system. Site visits to the community mental health centers and to centrally located major facilities, during which individuals responsible for programs are asked their opinion as to what would best help them do their jobs, keeps Staff Development training on track. Also, all workshop participants evaluate each course on a standard form which allows them to rate the content, the instructor and their reaction to the workshop. Coordinators then consider whether to improve the course and continue to offer it or perhaps to drop it from the schedule.

There are a number of areas requiring large groups of staff to be trained in particular skills. To meet these needs we have developed programs to recruit, select and train trainers from within the department who, in turn, train their fellow employees in these skills. Trainers are now available in the following areas: Assertiveness Skills, Communication Skills in Counseling, Sex Education, Prevention and Management of Aggressive Behavior, Cardiopulmonary Resuscitation and First Aid.

Looking to the future, the Staff Development Program must locate more space for training. A great need is for a site close in to Columbia, yet removed from central facilities, where certain highly experiential workshops could be held. These workshops include Action Methods in Group Therapy, Assertiveness Training, Gestalt Therapy, Bioenergetic Process, Values Clarification, etc.

Also more workshops will meet criteria for CEU credit, JCAH standards now require certain training experiences for employees. The Staff Development Program will help meet those requirements on a departmental level by working closely with the various facilities and disciplines. Our training will also compliment quality assurance efforts on a department-wide basis.

Staff training is not the total answer to all SCDMH problems. However, Staff Development recognizes the vital role it can play in upgrading skills of our employees and in generating enthusiasm for high performance and pride in the effective delivery of mental health care.

## **PERSONNEL OFFICE**

The Departmental Personnel Office is charged with the responsibility to administer and coordinate the overall Personnel function of the Department. All federal and state regulations are reviewed and departmental directives are constantly monitored and updated to assure that all policies and procedures are in compliance.



The Departmental Personnel Office is divided into the following operational areas:

- Employment
- Classification-Compensation
- Benefits and Services
- Employee Relations

The following reports provide summarized information on the activities in each of these operational areas.

### *Employment Activities*

During the fiscal year 1979-80, Personnel Employment Operations actively participated in recruiting and hiring qualified individuals for the Department. Personnel Employment Operations' efforts in the Nurse recruiting area included ten trips to seven different schools of Nursing in S. C. During the fiscal year 1979-80 a total of 134 R.N.'s and L.P.N.'s were employed by the Department. Also the Department was represented at the S. C. Student Nurses Association Annual Meeting in Charleston.

Personnel Employment Operations conducted a total of 9,071 interviews resulting in the employment of 1,037 people.

Personnel Employment Operations again coordinated the various disadvantaged youth programs. Sixty-five people were employed through the city of Columbia and Richland County Ceta Programs. Also, three visually handicapped youth were employed through the Commission for the Blind Summer Youth Work Experience Program.

The system of posting the vacancy list in the facilities and in the weekly bulletins was continued. This has allowed many employees the opportunity to apply for higher level positions and thus obtain upward mobility and career advancement. Personnel Employment Operations also coordinated an extensive advertising campaign for R.N.'s and L.P.N's which included placing seventy-nine advertisements in newspapers and national journals.

<i>Month</i>	<i>Initial Interviews</i>	<i>Follow Up and Referral</i>	<i>Total</i>	<i>Hired</i>
July .....	492	364	856	155
August .....	497	330	827	121
September ...	490	350	840	109
October .....	518	442	960	104
November ...	432	304	736	59
December ...	257	220	477	57
January .....	556	473	1,029	89
February ....	388	344	732	88
March .....	408	337	745	100
April .....	395	353	748	61
May .....	198	153	351	51
June .....	481	289	770	43
TOTAL .....	5,112	3,959	9,071	1,037

### *Classification-Compensation*

During the fiscal year 1979-80 the State Classification-Compensation Plan was converted from a forty paygrade to a fifty paygrade structure, resulting in each employee in the classified service being assigned to a new paygrade. All full-time employees in the classified service of the SCDMH, who were not above the maximum of their assigned paygrade, received a general increase of 3.62 percent plus \$450.00 effective June 22, 1979.

The state merit increase program was continued, however, appropriated funds were decreased. During fiscal year 1979-80 employees eligible for a merit increase were allowed three percent for satisfactory performance, four percent for superior performance and five percent for outstanding performance. (See chart.)

The state longevity increase program was continued. Classified employees who were at the maximum of their paygrade and had not received a salary increase for the past twenty-four months, other than base pay (general) increases, were eligible for a 3.5 percent longevity increase. (See chart.)

During fiscal year 1979-80 the Occupational Standards Unit of the State Personnel Division began a study of clerical positions in which the SCDMH was involved. This study involves over fifty classifications and approximately 10,000 employees statewide. Due to the size of the study, a new position questionnaire and means of conducting the study are being developed, with a projected completion date of August 1981.

During the fiscal year the departmental Classification-Compensation Section in conjunction with the State Personnel Division participated in twelve different series studies, which affected ninety-five different classifications. In addition to these series studies, the departmental



Classification-Compensation Section acted on individual requests involving reclassifications, promotions, transfers, etc., that affected almost nineteen hundred departmental employees.

#### MERIT INCREASES FISCAL YEAR 1979-1980

<i>Administrative Services</i>		<i>S. C. State Hospital</i>	
Outstanding .....	59	Outstanding .....	214
Superior .....	128	Superior .....	862
Satisfactory .....	16	Satisfactory .....	447
Marginal .....	0	Marginal .....	7
<i>Crafts-Farrow State Hospital</i>		<i>C. M. Tucker Center</i>	
Outstanding .....	69	Outstanding .....	44
Superior .....	539	Superior .....	122
Satisfactory .....	688	Satisfactory .....	41
Marginal .....	16	Marginal .....	1
<i>Morris Village</i>		<i>William S. Hall Institute</i>	
Outstanding .....	45	Outstanding .....	39
Superior .....	92	Superior .....	99
Satisfactory .....	27	Satisfactory .....	36
Marginal .....	1	Marginal .....	0
<i>Bryan Hospital</i>			
Outstanding .....	46		
Superior .....	150		
Satisfactory .....	109		
Marginal .....	4		

#### LONGEVITY INCREASES FISCAL YEAR 1979-1980

<i>Administrative Services</i>	<i>S. C. State Hospital</i>
4	26
<i>Crafts-Farrow State Hospital</i>	<i>C. M. Tucker Center</i>
14	2
<i>Morris Village</i>	<i>William S. Hall Institute</i>
1	8
<i>Bryan Hospital</i>	
1	

#### *Personnel Services and Records Activities*

During the first half of fiscal year 1979-1980, nine five-year service emblems and eight ten-year service emblems were awarded to employees of the Division of Administrative Services. The departmental service award program was discontinued effective December 31, 1979

due to budgetary limitations. Effective January 1, 1980, the department elected to participate in the State Service Award Program.

A total of 1,150 persons were terminated during the fiscal year 1979-1980. The annual rate of turnover, based on an average of 5,503 employees, was 20.89%. This represents a 1.30% decrease in turnover. A detailed breakdown of the reasons for separation is shown in Chart I.

#### CHART I

Reasons for Separation from Employment During Fiscal Year 1979-80 (6-22-79 to 6-19-80), except Section "D" which is 7-1-79 to 6-30-80.

##### A. WOULD REHIRE EMPLOYEE

1. Maternity .....	8
2. Returned to school .....	117
3. Lay off of surplus employees .....	4
4. Better pay, non-state .....	45
5. Better opportunity, non-state .....	44
6. Better working conditions, non-state .....	11
7. Going into business for self .....	9
11. Different job with state, different agency .....	29
12. Job eliminated .....	20
13. Moved out of job area .....	82
14. Military service .....	17
15. Other .....	194
49. Personal, did not take another job .....	64

##### B. MIGHT NOT REHIRE EMPLOYEE

50. Resigned voluntarily, but mediocre working results .....	22
51. Ill health .....	26
52. Difficulty with fellow employees, but resigned voluntarily .....	4
53. Excessive absence, tardiness, or discipline problem, but resigned voluntarily .....	17
54. Difficulty with supervisor .....	2
55. Misconduct .....	2
56. Violation of rules .....	7
57. Refused transfer .....	1
58. Discontent with salary .....	2
59. Discontent with work .....	3
60. Other .....	53



C. WOULD NOT REHIRE EMPLOYEE	
68. Other .....	57
69. Abandonment of position .....	66
70. Unsatisfactory working results, but resigned voluntarily .....	13
71. Unsatisfactory working results, discharged .....	38
72. Difficulty with fellow employees, but resigned voluntarily .....	1
73. Difficulty with fellow employees, discharged .....	2
74. Excessive absence, tardiness, or discipline problem, but resigned voluntarily .....	19
75. Excessive absence, tardiness, or discipline problem .....	46
76. Difficulty with supervisor .....	3
77. Misconduct .....	5
78. Violation of rules .....	46
79. Refused transfer .....	0
D. OTHER	
80. Deceased .....	7
81. Retired .....	52
83. Retired for disability .....	12
	<hr/>
	1,150

Personnel Actions involving employee changes totaled 1,898 as follows:

Promotion .....	493
Reassignment .....	172
Transfer .....	157
Demotion .....	15
Leave Without Pay .....	162
(Including Maternity LWOP)	
Change in Name .....	115
Change in Hours .....	61
Position Title Change .....	121
Salary Adjustment .....	17
Extension of Probationary Period .....	25
Reclassification .....	132
Position Status Change .....	147
Reinstatement .....	5
Return from Leave Without Pay .....	127
(Including Maternity LWOP)	
Miscellaneous .....	149
Total .....	1,898

A total of 3,792 insurance applications were processed during the fiscal year and are as follows:

**PILOT LIFE GROUP INSURANCE:**

*Basic Life*

New enrollments .....	9
Revisions .....	2
Cancellations .....	0

*State Service Life*

New enrollments .....	15
Revisions .....	205
Cancellations .....	15

*Hospital Indemnity Plan*

New enrollments .....	3
Revisions .....	0
Cancellations .....	2

*A & S (Salary Continuation)*

New enrollments .....	5
Revisions .....	1
Cancellations .....	0

**LIBERTY LIFE:**

*Survivor Monthly Income Plan*

New enrollments .....	10
Revisions .....	0
Cancellations .....	1

**BLUE CROSS-BLUE SHIELD:**

*Blue Cross-Blue Shield Hospitalization*

New enrollments .....	1,575
Revisions .....	800
Cancellations .....	1,149

*Employee Relations*

The departmental Employee Relations Manager held 231 individual counseling sessions which involved 67 employees. In addition to individual counseling, there were several group meetings with employees, their supervisors and other facility officials. There were twelve meetings held with representatives from other state agencies concerning complaints filed by employees of the South Carolina Department of Mental Health with these state agencies.

There were meetings held each month by the departmental Employee Relations Manager with Facility Personnel Representatives to dis-



cuss new and/or changes to existing departmental policies; fund raising, membership and other campaigns sanctioned by the department; mutual employee relations functions and specific individual facility employee relations problem areas. On occasions, representatives from the State Personnel Division and the departmental Personnel Office were invited to these meetings to impart knowledge on current issues within their areas of expertise. These meetings were rotated from one facility to another each month in order that each Facility Personnel Representative might gain first hand knowledge of some of the activities that take place within the department outside of his or her own facility.

During the fiscal year, there were fifty-nine step one, forty-five step two, and twenty-four step three grievances held within the department. There were six step three decisions that were appealed to and heard by the State Employee Grievance Committee and there were five step three decisions that were appealed to the State Employee Grievance Committee wherein hearings were denied.

The SCDMH conducted the annual United Way Campaign during the months of September and October, 1979. A goal of \$28,103.00 for the department was established for the Department of Mental Health. A total of \$29,357.27 was contributed during this campaign for 104.46% of the assigned goal.

The SCDMH conducted its Annual Good Health Appeal Campaign during the months of March, April and May, 1980. Employees of the SCDMH contributed \$13,873.70 to this very worthy cause.

The Governor of S. C. re-appointed the departmental Employee Relations Manager along with three other State employees from other State agencies, as advisors to the Annual Good Health Appeal Coordinating Committee for the purpose of advising the committee on organizing the campaign, overseeing the operations of the campaign and insuring the equitable distribution of funds raised.

## OFFICE OF GENERAL COUNSEL

Collections in excess of \$400,000.00 in 1979 were directly attributable to the enforcement by the Office of General Counsel of the Department's claims and liens for medical care and maintenance rendered to patients. In addition, contested Medicaid funds approximating \$875,000.00 were retained by the Department after successful settlement of an administrative appeal conducted by this office.

The Office of General Counsel drafted and supported needed revisions of mental health laws and disseminated a weekly report on the progress of legislation affecting the Department and its employees. Additional duties included reviewing all Departmental contracts, providing guidance regarding Employee-Employer relations, implement-

ing the requirements of the Administrative Procedures Act, providing counsel and assistance to all of the Department's facilities and employees on a variety of matters which involved legal issues, and participation in diverse litigation and administration hearings. In addition, the Office endeavored to increase the Department's awareness and appreciation of the objectives of "risk management" as a means of decreasing potential liability. During this fiscal year, the Office of General Counsel significantly increased the provision of legal services to the Division of Community Mental Health Services.

In the patient rights area, counsel and assistance was provided to patients and Departmental personnel on a variety of legal and ethical issues relating to rights. Limited counselling and assistance was also provided patients concerning personal legal affairs. Increasingly, liaison and assistance was provided to external advocacy agencies and others acting on behalf of patients. Progress continues toward the development and implementation of a comprehensive internal patient rights program. The program is to be comprised of three primary elements — (1) a patient grievance-type mechanism called the Patient Rights Review Procedure, (2) a Policy and Procedure Manual relating to patient rights, and (3) an education and orientation program for patients and staff. The Patient Rights Review Procedure was officially adopted during the year and is currently being implemented. One full time Patient Rights Specialist Coordinator was employed to coordinate the Patient Rights Review Procedures and to assist in other patient rights related activities. The Patient Rights Manual nears completion and should be adopted in the very near future.

## ENGINEERING AND PLANNING SECTION

The Engineering and Planning Section is assigned the responsibility of the planning, design and implementation of capital improvement projects and the coordinating of all construction to meet the program needs for the Department, as it relates to new or renovated facilities.

This past year the Engineering and Planning Section has been involved with the following projects:

### SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

1. Coordinating the guidelines and preliminary budgetary data for a comprehensive ten year planning program for Departmental facilities in conjunction with the Planned System Change Section. In addition to the usual activities, our Section along with the Planned System Change Section, has participated in the process of developing Certificate of Need Applications for all projects of \$100,000 or more, including maintenance projects — such as



reroofing. This activity has required many man hours of both sections.

2. The Village "B" project for Anderson is still underway. The A/E firm is working on design development drawings, using space and planning needs for the treatment program developed by the Village Planning Committee.
3. The fencing project at the Village System lake is complete.

#### BRYAN PSYCHIATRIC HOSPITAL

1. Initial planned modifications are completed.
2. Fencing of the facility has been completed.
3. The Tarleton-Tankersley Architectural Group has been working with the Department in identifying and correcting various roof leaks within the facility that have existed since initial construction.

#### CRAFTS-FARROW STATE HOSPITAL

1. The campus study was completed and accepted by the Commission. Because of the pressing need of the facility, a ten year capital improvement program has been developed and accepted by the Commission. We are currently formulating plans for the implementation of this program which will involve practically all new patient bed facilities.
2. Reroofing of Buildings #2, 3, 8, 10, 12, Fisher Auditorium are completed.
3. Reroofing of Shand and Davis Buildings has begun.
4. Greenhouse has been purchased and installed.

#### MORRIS VILLAGE

1. Modular classrooms completed and occupied.
2. Reroofing contract for all buildings has been awarded.
3. Fencing of the facility is approximately 75% complete.

#### SOUTH CAROLINA STATE HOSPITAL

1. The campus study was completed and accepted by the Commission. Because of the pressing need of the facility, a ten year capital improvement program has been developed and accepted by the Commission. We are currently formulating plans for implementation of this program which will involve one new patient bed facility.
2. The Thompson Building renovation project was rejected by the Mental Health Commission and plans are now underway to demolish the building and use the site for a new patient bed facility.
3. The Parker Building is being demolished and current plans are for demolition of the Thompson Building in the early fall.

4. The boiler repair work has been accomplished and the A/E firm is currently working on plans for a new central energy plant (steam and chilled water) and associated distribution lines to serve all of the downtown campus including S. C. State Hospital, Tucker Center, Byrnes Clinic and Hall Institute. Optimistic plans are to have construction bids out in late fall.
5. Modular classrooms completed and occupied.
6. Ditch fencing contract has been awarded and is under construction.
7. Reroofing contract for Allan, Preston, Cooper and Saunders has been awarded.
8. Contract for A/E study for the Williams Building ventilation problem is underway.

#### TUCKER HUMAN RESOURCE CENTER

1. The plans for the new 308 bed addition are complete and are presently under review. The plan now is to be out for construction bid in early fall.

#### WILLIAM S. HALL PSYCHIATRIC INSTITUTE

1. Replacement of plate glass with wire glass in patient areas has been completed.

### BUDGET SECTION

The Department prepared and submitted its FY 80-81 Budget Request during the fall of 1979. \$74,623,072 State Funds were initially allocated by the Auditor's Office and the Department requested an additional \$6,670,603 to meet pressing needs throughout the agency.

Of the total State Request of \$81,293,675, the Legislature approved \$75,667,861. This amount represented an increase from FY 79-80 of \$1,919,186 or 2.6%. \$1,538,206 of this amount however, went to annualize merit increases given during FY 79-80.

Also during FY 79-80, the Department found it necessary to seek a deficiency appropriation in the amount of \$1,544,213 for S. C. State Hospital, Crafts-Farrow, and Community Mental Health Services. The Legislature approved \$840,605 based on this request.

In May, 1980, the Department launched its FY 82 Budget Planning Process in conjunction with the State's new Planning-Budgeting System. As a result of this process, the Department was better able to evaluate its most pressing needs for FY 82 and will focus its resources on pursuing additional funding for these purposes during FY 81.

During FY 79-80, the Budget Section continued to play an integral part in the overall financial management of the agency.



## DEPARTMENTAL SERVICE OPERATIONS

Report covers the following organizational entities:

Upholstery .....	-20071
Consumable Inventory Accounting .....	-20072
Fixed Assets Accounting .....	-20073
Warehouse .....	-20074

### 1. *Upholstery:*

The Upholstery Shop is a one man operation and handles primarily emergency requests for furniture repair and covers pillows and mattresses for the various Mental Health Facilities. Bulk upholstery repairs are sent to the Department of Corrections. The S.C.D.M.H. Upholstery Shop charges only for cost of material and supplies. No labor is charged. For FY 79-80 the total charges made from this account were \$7,274.29.

### 2. *Consumable Inventory Accounting:*

During FY 79-80 the Department obtained from U.S.D.A. twenty-one Food Commodities. Value of donated commodities received during this period was \$274,284.23. Also, stock purchases valued at \$4,427,053.97 were received and issues totaling \$4,673,985.03 were made. These receipts and issues were in addition to the value of the U.S.D.A. Donated Commodities. A total of 320,364 computer transactions were made to record these receipts and issues.

A system has been devised and implemented so that all price changes (except for drugs, which are bought on a yearly contract) are now being effected by the computer at the time of receipt including whole carcass beef and the various cuts of beef processed from the carcasses. During this period inventories were conducted in the Supply Points with results as follows:

October 31, 1979 Overall Inventory of Stores 0, 1, 2, 3, 4, 5, 9, 11, 13 and 14:

Items in Stock — 3,983	
Dollar value of inventory .....	\$1,188,286
Adjustments minus .....	\$ 6,483
Adjustments plus .....	\$ 6,394
Net minus .....	\$ 89
Net adjustments equals minus .01%	
of the total dollar value of the inventory.	

## February 6, 1980 Inventory of SCSH Pharmacy (Store 6):

Items in Stock — 1,341

Dollar value of inventory ..... \$ 198,727

Adjustments minus ..... \$ 14,862

Adjustments plus ..... \$ 11,645

Net minus ..... \$ 3,217

Net adjustments equals 1.61% of the  
total dollar value of the inventory.April 30, 1980 Overall Inventory of Stores 0, 1, 2, 3, 4, 5, 8, 9, 11,  
13 and 14:

Items in Stock — 5,664

Dollar value of inventory ..... \$1,344,354

Adjustments minus ..... \$ 4,366

Adjustments plus ..... \$ 299

Net minus ..... \$ 4,137

Net adjustment equals minus .3% of the total  
dollar value of inventory.

## May 21, 1980 Inventory of CFSH Pharmacy (Store 7):

Items in Stock — 1,112

Dollar value of inventory ..... \$ 72,106

Adjustments minus ..... \$ 1,774

Adjustments plus ..... \$ 1,422

Net minus ..... \$ 352

Net adjustment equals minus .48% of the total  
dollar value of the inventory.

## 3. Fixed Assets Accounting:

Disposal of salvage departmental property and scrap during FY 79-80  
netted the Department \$50,267.08 as shown:

a. Cans, drums, rags, scrap, etc. .... \$20,812.13

b. Beef and ham fat and bones ..... \$ 5,536.01

c. Vehicles, etc. (thru State Surplus) ..... \$23,918.94

Physical inventories of nine major Control  
Points, seventeen Centers and Clinics with  
forty-nine satellite offices were accomplished  
during FY 79-80.

## 4. Warehouse:

During this period, two inventories were conducted of the  
Warehouse with results as follows:

Inventory of October 31, 1979:

Items in Stock — 781

Dollar value of inventory ..... \$800,936.497

Adjustments minus ..... \$ 2,796.908

Adjustments plus ..... \$ 3,537.021

Net plus ..... \$ 740.113

Net adjustment of .09% plus for 10-31-79.



## Inventory of April 30, 1980:

Items in Stock — 791

Dollar value of inventory ..... \$986,189.596

Adjustments minus ..... \$ 2,311.682

Adjustments plus ..... \$ 2,386.263

Net plus ..... \$ 74.581

Net adjustment of .007% plus for 4-30-80.

**PURCHASING**

Purchasing has had a very productive year, no major problems, and no turnover in personnel.

High interest rates have caused vendors to be more demanding for payment, especially automobile dealers. Most vendors have eliminated the 2% discount for payment within 10 days.

The Consolidated State Procurement Code was introduced in the Legislature by the State Re-Organization Commission this past session but was too late for any action to be taken. We hope for passage next session.

A training course for purchasing personnel has been established through State Personnel and will be attended by members of our staff as time permits. Those completing the course will be certified as Public Purchasing Officials.

Self mailers for patient billings will be put into use with the July 1980 billings. This will allow bills to be mailed out much quicker and with less effort than in the past.

**INTERSTATE TRANSFERS**

S. C. still maintains a 2 to 1 ratio in transferring patients to other states over receiving patients. In addition, the Interstate Transfer Coordinator has also referred a number of patients to other Mental Health and Mental Retardation facilities in S. C.

**RECORDS MANAGEMENT**

The microfilm section has filmed over 800 cartridges of film during the year eliminating over 800 cubic feet of hard copy record while creating 800 feet of additional file space. In addition to last year's production, records were filmed for Spartanburg Mental Health Center, Catawba MHC, Orangeburg MHC, Greenville MHC, Community Mental Health Services, and Patients Personal Affairs. The microfilm processing lab has enabled us to produce quality microfilm at a faster and less costly rate.

## PRINT SHOP

The Print Shop has maintained operations and production without any major capital expenditures. Material and supply cost was approximately \$58,000.

Production statistics are as follows: 3,412 recorded jobs, 19,459 originals and 1,207,443 impressions processed on xerographic duplicator, 6,476 originals and 7,482,399 impressions processed on offset presses. Of the total originals processed 67% were duplicated on a xerographic duplicator. Therefore there is a need for an inexpensive and quick method of reproducing information and written communications etc.

## FRIENDSHIP CENTER

The staff is composed of Executive Director, the Program Coordinator part-time secretary. Eight part-time professionally trained Group Leaders are hired to be in charge of the evening and weekend activities.

In 1979-80, the Center has had a large increase in attendance. There has been a special increase in the numbers of young adults active in the program with the average age of the members being in their early thirties. The average monthly attendance has grown to 1,400. The 1979 Annual budget was \$59,397 and the 1980 budget is \$61,585.

## CENTER FOR ORIENTATION TO INDEPENDENT LIVING

Project Coil (Center for Orientation to Independent Living) continues to function as a deinstitutionalization program for the SCDMH. This project provides services under the following programs.

The *Pre-Residential Program* serves patients from the South Carolina State Hospital, Crafts-Farrow State Hospital, C.M. Tucker Human Resources Center, William S. Hall Psychiatric Institute, Bryan Psychiatric Hospital and appropriate referrals through the Columbia Area Mental Health Center. This service is designed to provide an orientation for inpatient referrals as to the goals, objectives and expectations of the Coil Project. Individuals who have substantial periods of hospitalization will be worked with in areas of meal preparation and planning and skills necessary for them to begin residency in a Coil apartment. This program is an open-ended and ongoing group which typically can last for an eight week period for those patients requiring a complete orientation.

The *Residential Program* consists of one to one counseling and activities of daily living skills such as home management which includes such areas as grocery shopping, meal planning and preparation, apart-



ment maintenance skills, clothing maintenance and learning to work cooperatively with one's roommate. The residential program can last up to a six month period of time for those individuals needing a longer period of orientation to independent living.

The statistics for the Residential Program covering the period of this annual report was 195 admissions, 64 returned to the institution from Coil for various reasons (including medical and psychiatric needs or those deemed inappropriate for the program), 4 left without permission, and 111 placed into community living situations. The resident census as of June 30, 1980 was 48.

The *Adult Development Program* has served approximately 250 individuals in Columbia area boarding homes and ex-residents living in independent situations in addition to Coil residents. Activities provided by this program include: home management, consumer education classes, personal development and hygiene, orientation to the community, adult education classes, social and recreational functions and arts, crafts and hobby development.

The funding for the project is under Title XX contract with the Department of Social Services. Under this contract Project Coil is reimbursed 71% of total operating costs with 29% being funded by the SCDMH. Total budgeted funds for this year's operation was \$326,556.

## SOUTH CAROLINA STATE HOSPITAL

### SUPERINTENDENT'S REPORT

Due to the impact of a fully operational Bryan Psychiatric Hospital, direct admissions of acute cases were substantially reduced while retained chronic cases and the additional influx of transfers of chronic cases from Bryan Hospital strongly indicate that SCSH will ultimately evolve into a facility for the treatment of patients with chronic mental illness. This will, of course, present the problem of longer length of stay and greater difficulties in discharge planning; however, it will also present a challenge to the clinical staff to develop more effective and efficient methods of treating the chronically mentally ill.

SCSH was surveyed by the Joint Commission on Accreditation of Hospitals in October 1979. The surveyors used new and very strict standards which had been in effect only a short period of time and as a result of this, and deficiencies of life-safety in Babcock Building, JCAH decided to deny our facility accreditation. An appeal was filed and a delegation of hospital officials met in Chicago with JCAH officials and were successful in winning a reversal of this decision and SCSH was given one year's accreditation beginning October 20, 1979.

GOALS: Attainment of FY 80 Goals and Establishment of Goals for FY 81.

#### *A. Campus Plan*

The Campus Plan was presented to the Commission and there was support although formal endorsement has not been made. Nevertheless, the Department has established a plan for campus development which is consistent with the Campus Plan. The Commission has approved a relatively high priority for the construction of a new residential facility to replace beds in substandard buildings on campus. It is anticipated that funds will become available in August of 1980, for the design and development phase of this project.

#### *B. Sprinkler System – Byrnes Clinical Center*

The installation of a sprinkler system in the Byrnes Clinical Center in order to convert the upper floors to a nursing care facility has been delayed indefinitely. The Department has elected to construct 300 additional nursing care beds at C. M. Tucker Human Resources Center and this necessitates a reevaluation to determine if additional nursing care beds are needed for the Department. This will not be a goal for FY 80-81.

#### *C. Classroom Buildings*

Two classroom buildings were constructed on the S. C. State Hospital campus for the Child and Adolescent Program. The construction of these classrooms alleviated many of the difficulties which had been experienced within the program. Space is now available to visitors' rooms and for private counseling and communication. The classrooms allow students to attend school in a more convenient and controlled environment, and this is seen as a positive improvement.

#### *D. Radiology Equipment*

Considerable delay was experienced in the replacement of the radiology equipment. In the 78-79 Annual Report we had anticipated installation of the equipment within six months; however, the equipment is not yet fully installed. One room will become operational in early August of 1980, and the other room in November, 1980. The reasons for the delay have been related to several factors; delays in receiving the specifications, controversies regarding the bidding process, delays in receiving Certificate of Need approval, and the need to upgrade some electrical capabilities within the building. We fully expect the new equipment to be far more dependable and effective than the equipment which was replaced.

#### *E. Quality Assurance Program*

Implementation of a hospital-wide quality assurance program was an objective for FY 79-80. This objective was substantially attained. An



Office of Quality Assurance was established and a report from the coordinator is included in this Annual Report.

#### *F. Staff Education and Training*

We have taken the first step toward implementation of a coordinated program by consolidating the staff training functions under one office. A report from this new office is contained in this Report. The program is in the developmental stage and while much progress has been made, attainment of the objectives listed in the Report from that office remains a very high priority for FY 80-81.

#### *G. Patient Records*

The need to improve documentation of patient management was greatly stressed by the Joint Commission in the 1979 survey. Policies and procedures related to treatment plans and progress notes have been developed and presented to the staff. Training is ongoing in this area and although substantial progress has been made, effective documentation remains a prime objective for FY 80-81.

#### *H. Evacuation of the Babcock Building*

Considerable progress was made in vacating the Babcock Building. The second floor of the building was closed during FY 79-80, and we have made a commitment to close the remainder of the building to patients by December of 1980. The complete closing of this building to patients remains as a primary objective of the hospital for FY 80-81.

#### *I. Joint Commission Survey*

Because the hospital received a one-year accreditation in 1979, we will face another survey in October of 1980. All of the factors previously listed impact upon the success of this survey. It will be our goal to achieve a full two-year accreditation status as a result of the survey in October, 1980.

### **UNIT I**

During the fiscal year July 1, 1979, through June 30, 1980, Unit I admitted 638 patients and discharged 664 patients into the community. A high rate was maintained although 150 patients had been transferred during this fiscal year to other units, admissions from the Beckman Area were admitted to Unit III as of January 25, 1980, and admissions from Anderson-Oconee-Pickens Counties were admitted to Unit IV beginning May 1, 1980.

During the previous fiscal year July 1, 1978, through June 30, 1979, total admissions were 857 and total discharges 796.

During the latter part of January the remaining residual number of patients housed on Unit I from the York-Chester-Lancaster Area and the

Spartanburg-Cherokee-Union Area were transferred to Unit II. Patients from the counties of Newberry, Saluda, McCormick, and Edgefield were transferred to Unit III beginning the latter part of January.

The goals for the coming fiscal year are to vacate Babcock building entirely and to lower the Unit I patient population by joint effort from all disciplines.

In order to meet the standards of JCAH the Psychology Staff of Unit I have received several inservice training sessions concerning guidelines for writing treatment plans and progress notes, and psychological evaluation reports. The new standards have now been implemented for treatment plans and progress notes. Psychological reevaluations are in the process of being completed for all patients.

Clinical privilege standards and reviews are being completed for psychology staff members. Each staff member's level of formal education, workshop or seminar participation, and clinical experience is being reviewed in order to determine the level of duties he or she is qualified to perform (e.g., individual psychotherapy, problem solving group leader, etc.), and the level of supervision needed.

Plans for the next fiscal year include reinstating ward programs under the reorganized system for Unit I, completing psychological evaluations according to revised JCAH standards, and to continue in our effort to provide individual and group therapy for the patients of Unit I.

## UNIT II

During the fiscal year 1979-80, Unit II continued to operate using the team concept. Due to the available bed space and the number of counties added to Unit II, also the number of patients transferred into Unit II from Unit I, it was necessary to develop flexibility in the criteria for admitting patients to the various programs.

Many changes occurred during the fiscal year in terms of bed capacity on the wards. On July 1, 1979, Unit II had a capacity of 245 beds for male patients. On July 1, 1979, the census for male patients was 207, while June 1980, the census had increased by 68 (census 275).

The overall census for female patients has increased by seven (7). On July 1, 1979, the census was 160, while June 30, 1980, the census is 167. Bed capacity for female patients has been reduced from 222 beds on July 1, 1979, to 190 beds on June 30, 1980.

On August 10, 1979, Ward 220 was converted from a male admission ward to a closed male management ward. Staff wise, the criteria for staffing this type ward called for additional male MHS's. As we did not receive additional positions, it was necessary to pull male staff from



other male wards, thus, leaving some wards housing male patients without male staff at times.

When Ward 220 became a male patient management ward, it was necessary to convert Ward 219 to a male admission ward. The physical setup on 219 is not suitable for an admission ward.

*Overall Accomplishments:*

1. Improved patient teaching in the following areas.
  - a. Helping patients to gain interest in returning to community.
  - b. Purpose of being in program is explained.
  - c. Justification for self-maintenance and accepting responsibility for own actions.
2. Present nursing staff shows more interest in general patient care.
3. More patients are wearing personal clothing instead of hospital clothing.
4. A more effective system has been established for patients to launder personal clothing and clean their sleeping area.
5. A simpler method is used for writing nursing care plans.

*Educational Objectives:*

1. To encourage and support professional growth and development for all employees.
2. To maintain a high level of patient care through education and skills improvement.

A review of the past twelve months continues to reflect a concentrated effort in the area of quality assurance. Numerous classes have been held on various wards and in a classroom setting.

### UNIT III

During the past year the rate of admissions has markedly increased due to the addition of 7 counties to Unit III. A total of 407 patients were admitted and 487 patients were discharged during the fiscal year. From October 1, 1979 to July 31, 1980, 21 patients were placed in either boarding homes or nursing homes. Nine patients were discharged to COIL during the fiscal year. There have been 56 LWP's during the year from Unit III.

The Psychology department program evaluation indicates Token Economy programs are very effective with low level functioning and regressed patients. Approximately 150 patients were involved with this program every day. Group and individual psycho therapy have been more effective with higher level functional patients. Approximately 80 patients participated in group therapies each week.

Goals set for the next fiscal year included: to establish more referral

groups within the unit, to expand activity programs in forensic unit and to increase funds for professional meetings and workshops.

During the next fiscal year the Vocational Rehabilitation Service would like to achieve approximately the same referral and program activity as last year, also assess each VR program by reviewing objectives, referrals and utilization, and to develop and utilize the "Vocational Status Assessment" report.

During the fiscal year the nutritionist attended workshops and meetings for the care of the patients in Unit III. Nutritional Assessments were completed on each patient on a special diet in Unit III. Trays that special diets were served on were changed to Quality Trays and these keep the food hotter. Nutritionist will be notified when any patient on a special diet is to be discharged so a diet instruction may be given. The nutritionist will continue the use of the H C F Diabetic diet for patients who have a diabetic condition that is difficult to control with a regular diet.

Unit III Social Work Staff exhibited its versatility by its smooth transition to the influx of patients from the Beckman Area. Social Work groups, such as family planning and community prep, were effective in aiding patients to become more responsible for their actions and reaffirmed their human dignity. The goals for the fiscal year 1980-81 will be adjusted to the documentation standards of JCAH. This will be achieved through the Monthly Unit Audit Reviews. Social Work staff will also design groups to meet the needs of the new patients population, hopefully this need will be reinforced through a better staff development program.

#### UNIT IV

Unit IV continued to have three female and five male wards, but did transfer the use of its female admission ward (Ward 180 Cooper Building) back to Unit III. No other major building or ward changes were made. The counties previously in the Unit IV catchment area did undergo some changes with some counties being admitted to G. Werber Bryan Psychiatric Institute prior to being transferred to Unit IV. We also began receiving patients from other counties (Anderson-Oconee-Pickens, Richland, Chester), while still serving the catchment areas of the previous fiscal year (Chesterfield, Dillon, Darlington, Florence, Georgetown, Horry, Marion, Marlboro, and Williamsburg).

The unit chaplain fulfilled his goals set last year to initiate another Religious Resource Group and to write progress notes on new admissions. He also, along with the unit psychologist, established a new Community Preparation Group. He has set as a goal for the next fiscal year to implement two new Support Groups for male patients who have developed problems because of substance abuse.



A systematic training program was begun on a biweekly basis in Unit IV Psychology. Presentation is didactic, with videocassette tapes, films, lectures and demonstration projects. Content of the training sessions concern clinically relevant material such as suicide prevention, therapy methods, treatment plan goals, test administration with deaf patients and so on. This group training is in addition to the professional development sessions provided for all Unit IV clinical counselors an hour each week and covering the diagnostic syndromes, defenses, group therapy principles, and diagnostic testing procedures over a period of twelve to fifteen weeks. The Unit IV psychology goal for the 1980-81 fiscal year is to establish meaningful goals on the treatment plan in terms of defining psychological problems widely prevalent in the patient population, (i.e., low self-esteem, withdrawal, dependency, etc.) in specific behavioral terms with sequential measurable steps designed to attain the goals established, along with methods for confirmation of the efficacy of the treatment procedures utilized for this purpose.

Sixty-five Unit IV patients were referred for vocational rehabilitation services during this past fiscal year. Their program activity was: forty-three patients received a Psychometric/Vocational Evaluation; twenty participated in the Home Economics Program; fourteen were enrolled in the Personal and Social Adjustment Training Program; fifty-one vocational rehabilitation cases were transferred to the community for after-care by vocational rehabilitation and ninety-eight were placed on a hospital work assignment. The vocational rehabilitation goals for Unit IV for fiscal year 1980-81 are: to achieve approximately the same referral and program activity as last year; to assess each vocational rehabilitation program by reviewing objectives, referrals and utilization and to develop and utilize the "Vocational Status Assessment" report. The method of evaluation: Goal attainment will be assigned by quantitative analysis of program utilization; by staff review of program strengths and weaknesses, by the completion and utilization of new reports; case staffings; and audits of vocational rehabilitation casework.

Unit IV social workers achieved goals set last year and have more family contact and quicker turn around on social histories. The return rate for patients has been studied and plans are being made to deal with the problem. The community program has remained stable and one boarding home has been added to the Unit IV catchment area. Social Service Staff has increased by one and been reorganized for more efficient functioning. The new organization will be audited by the Chief of Social Service. Goals for Unit IV Social Service for the coming fiscal year are to increase efficiency of present programs and to develop stronger discharge plans to prevent readmissions.

The Unit IV Activity Therapy Department achieved their goals set last year to establish an Activities in Daily Living Group, a unit-wide Sing-A-Long, an Expressive Dance Group and a Family Planning

Group. They also achieved their goal to renovate the Friendship Park Area. Their overall programming goal for the next fiscal year is to have the patients have as much input and assume as much responsibility as possible in planning, implementing and evaluating the treatment programs coordinated by the Activity Therapy staff.

The unit Nutritionist provided a change from Alladin Trays to Quality Trays for special diet patients to keep food hotter. Nutritional Assessments were completed on each patient on a special diet on Unit IV. Goals for the Nutritionist in Unit IV for the coming fiscal year are: the Nutritionist will be notified when any patient on a special diet is to be discharged so a diet instruction may be given and a continuation of use of the H C F Diabetic diet for patients who have a diabetic condition that is difficult to control with a regular diabetic diet. Methods of evaluating and attaining these goals will be: The Nutritionist will document in the medical chart when a discharge diet instruction is given and blood sugar levels will be monitored to measure the effectiveness of the H C F diabetic diet.

Changes in procedures, treatment programs and continuing turnover in nursing personnel prevented the attainment of goals set last year to develop a group for diabetics and a group to help patients understand their medication. These will be given priority as goals for the next fiscal year. Nursing will strive to obtain clinical privileges for licensed personnel and selected Mental Health Specialists in specific treatment modalities, enabling us to play a more active role in the treatment plans for the patients.

### CHILD-ADOLESCENT UNIT

A major significant change in the Child-Adolescent Unit has occurred with the addition of four classrooms to the program. This has allowed space inside the prior unit for a visitation room, interview/overflow rooms, and office space (a problem noted in the last annual report). The visitation room resolves a need well documented by the last JCAH visit. Additionally, pay telephones have allowed residents greater privacy in their phone usage.

Monthly case conferences have provided consultation and education. Solutions for particularly difficult cases have been created through this means.

Admission rate has remained steady this year at 260 (fiscal year 78-79 was 269, fiscal year 77-78 was 199, fiscal year 76-77 was 173). This high admission has been maintained despite Bryan Hospital admitting 16 and 17 year olds from most of the state.

The main goal for the next fiscal year is to bring the unit into closer compliance with JCAH recommendations. The attainment of this goal



may be measured by comparing the upcoming accreditation visit's deficiencies with those of last year. Also the deficiencies remaining at the end of the fiscal year can be noted.

## COURT UNIT

The Forensic Psychiatry Unit of SCSH continues to have an increased number of admissions each year. FY 1979-80 there were 722 admissions to the Forensic Unit as compared to 666 in FY 1978-79. In addition to the task of coping with increased admissions, more problems were encountered because both of the Psychiatrists on the Forensic Unit resigned to accept positions at other facilities. However, an intense recruitment effort was successful and SCSH now has two highly qualified and dedicated Psychiatrists providing service which has been unparalleled in recent years. Staffing has been improved on the unit with the addition of a second Psychologist and a third Social Worker. It is anticipated that in the near future additional Nursing Personnel will be added to the service so that patients on Ward 176 may be out of their rooms for longer periods of time without jeopardizing security. Active recruitment efforts are being directed toward obtaining a third Forensic Psychiatrist and if these efforts are successful we will be in a position to begin planning to implement a previously approved Pilot Project for a pre-admission screening program which is designed to reduce admissions and expenditures.

## MEDICAL-SURGICAL SERVICE

- I. *Significant Events Which Occurred During Fiscal Year 79-80:*
  - A. Byrnes Clinical Center was awarded two-year accreditation by JCAH following their survey on February 19 and 20, 1980. Most deficiencies and recommendations have been resolved.
  - B. Admissions to Byrnes Clinical Center increased during the fiscal year. Admissions 1978-79 total 713 while admissions 1979-80 total 878 which represents an increase of 165 patients treated.
  - C. Multi-disciplinary Audit was instituted in November, 1979, and has proven to be a very worthwhile meaningful undertaking. Mini-audits were begun in March, 1980, and have been found extremely useful in upgrading patient care, records and charting.
  - D. The Cathode-ray Tube installed in April, 1980, has developed into a great asset and efficient tool in the records service.
  - E. Significant increases in services provided at Byrnes Clinical Center were noted as listed in the following departments:
    1. Electroencephalography — 631 examinations representing an increase of 196 tracings over the previous fiscal year.

2. Electrocardiography — 1593 EKG tracings and interpretations which represents an increase of 168 over the fiscal year 1978-79.
  3. Physical Therapy — Treatments totaled 1494 which is an increase of 689 above the treatments in the previous fiscal year.
  4. Out-Patient Clinic consultations and treatments were 5717. This represents a very significant increase of 525 patients receiving care.
  5. Emergency Room visits and treatments totaled 3015 which represents an increase of 206 patients examined in this area.
  6. Social Service placed 27 patients from Byrnes Clinical Center in community facilities or family settings. This is an increase of 12 placements over last fiscal year.
  7. Activity Therapy functions has markedly improved with the assignment of a therapist to Byrnes Clinical Center.
  8. In-Service Education has markedly intensified and results of this program are definitely evident.
  9. Nursing Service is to be highly commended for its outstanding care given to out-patients despite a numerically deficient staff.
- F. Acquisition and installation of necessary x-ray equipment.

## II. *Goals Established for Fiscal Year 80-81:*

- A. Quality Assurance — Improvement in patient care and clinical records through audit, case review, peer review, inservice training and continued education programs.
- B. Improve Electrocardiographic service through procurement of a computerized telephonic system which will provide immediate electrocardiographic interpretation readouts.
- C. Expand utilization of the Cathode-ray Tube to include information regarding diagnosis, utilization review, support services, statistics, etc.
- D. Reestablish special X-ray procedures and examinations as soon as new equipment is installed and functional.
- E. Establish an escort service for patients who are transferred or referred from Byrnes Clinical Center for consultations and other reasons.
- F. Obtain the following required and severely needed items as soon as funds are available:
  1. Century Tubs for Wards 228 and 328.
  2. Handicapped Commodes on each wing of patient floors.
  3. Twenty-five sturdy Hi-Lo Beds to accommodate traction equipment.



4. Ice makers for Wards 228 and 328.
  5. Phlebotomists.
  6. Rebuild Flower Rooms on each patient floor to provide increased storage space.
  7. Microfilming in Records Department.
  8. Chemistry Laboratory Equipment to replace antiquated and worn out existing instruments.
  9. Recruit additions to the inadequately staffed nursing and physician services.
- G. Finally and most important, provide the very best care possible for patients of Byrnes Clinical Center through all the above services, improvements, and undertakings.

### ACTIVITY THERAPY

Activity Therapy has made significant progress toward the general goals of increased services to special populations; increased therapeutic programming in Central Programming and increased interaction with the community as evidenced by the following:

A. *Goals and events discussed in previous Annual Report:*

1. Activity Therapy Service expanded its services to special populations by placing one Recreation Therapist full-time in the Medical-Surgical Unit at BCC and one Therapist half-time in the Court Unit.
2. Due to budget constraints, Activity Therapy Service was unable to procure the two new Therapist I positions and increased travel allowance in the 79-80 Annual Report.

B. *Other Events:*

1. Programming for chronic patients and others with special needs was implemented at Benet Auditorium (Central Programming) in the form of Ladies' Day and Gentlemen's Day (small group activities ranging from leisure skills to educational demonstrations) and "You Can Do It" (therapeutic mass activities for the chronic regressed patient).
2. Special equipment was procured and two weight training rooms have been established. One is located in the Unit I Recreation Hall and the other being located in the Benet Auditorium.
3. Patient participation in community activities and use of public facilities has been expanded from annual trips to Riverbanks Zoo and the S. C. State Fair to regular use of local parks and recreation swimming pools and tennis facilities.

4. Patient, staff and community talent and interest were engaged through production of coffeehouses, Fashion Shows and a Country Fair (which included a bluegrass band, cloggers, blue ribbon country cooks, an antique car show and numerous display booths and contests).
5. Music Therapy has initiated the compilation of a Resource File for Music Therapy activities with psychiatric patients. Also, a large print Christmas songbook was printed for the patients. A large print general songbook is being prepared at present.
6. Horger Library has expanded its services to the Children's Unit by offering a Library Hour for residents of Blanding.
7. Recreation Therapy services are being supplemented with Music Therapy and occupational Therapy referral groups throughout the summer. Efforts are being made to continue these therapeutic services year round.

*C. Goals established for Fiscal Year 80-81*

*A. Clinical Goals:*

1. Increase Treatment Team and ward coverage by reassigning Music Therapy and Occupational Therapy personnel to ward. Music Therapy and Occupational Therapy will retain referral groups in addition to Treatment Team and ward responsibilities. Realignment of staff will allow for development and expansion of Recreation Therapy referral groups.
2. Increase number of Recreation Therapy referral groups by requiring each Therapist to conduct two groups in addition to Treatment Team and ward responsibilities.
3. Develop mechanism and procedure for granting clinical privileges to Therapists desiring to conduct referral groups and activities which require special training or knowledge (i.e., Adaptive Aquatics, Relaxation Therapy, Weight Training).
4. Insure greater patient representation and participation in PAC by organizing Unit level meetings.
5. Increase utilization of Volunteers to augment the professional staff and to engage community interest and support. Volunteers from Columbia College, Benedict and USC will be contacted.

*B. Administrative Goals:*

1. Develop Activity Therapy Service documentation and audit procedures consistent with S. C. State Hospital guidelines. Prepare written Activity Therapy Service documentation handbook and conduct necessary training sessions to familiarize staff with specific Activity Therapy Service documentation policy.



2. Assess education and training needs of Activity Therapy staff and to develop a written inservice training program to meet those needs. Utilize skills and knowledge of Activity Therapy Service staff to develop and conduct inservice classes specific to interests of Activity Therapy Service department.
3. Increase direct supervision of Therapists and Aides and further develop Activity Therapy Service career ladder by creating more Therapist II positions. Goal would be to have at least one Therapist II position in each Unit.
4. Improve consistency and insure constructive use of job performance evaluations by developing and implementing an informal work evaluation tool which would list specific behaviors, skills and training which are to be considered in the evaluation of job performance. This tool would also be used to communicate to staff in very clear terms the specific manner in which work will be rated.

## CHAPLAINCY SERVICE

### I. FY 79-80 Goals

1. A goal was set for 1979-80 to prepare for the continued accredited membership of the program of clinical pastoral education in the Association of Clinical Pastoral Education through the seven-year-review. A Chaplaincy Consultation Committee has spent a significant amount of time in a thorough understanding of C.P.E. and in preparation of a self study document of the program of C.P.E. (The site visit review took place on July 8, 1980; the Southeast Region A.C.P.E. Accreditation Committee will act on the site visit team's recommendations on September 19, 1980; and the National A.C.P.E. House of Delegates Accreditation Committee will act upon accreditation of this center in November of 1980. Hence, a report will be made in the S. C. State Hospital Chaplaincy 1980-81 Annual Report.)
2. Chaplaincy continued to meet its goal of clinically training clergy through the program of C.P.E. In 1979/80 sixteen ministers received training (4 were in the year program of 1978/79; four were in the summer program of 1979; four have been in the 1979/80 year program; four have been in the 1980 summer program).
3. A new minister of music (Recreation Specialist) was employed in August, 1979. This Choirmaster-Organist helps not only in the regular chapel worship services, but also recruits and conducts a patient choir and provides music for the 1,100 ward devotional services.

## II. *Goals for Chaplaincy, 1980/81:*

1. To communicate to all staff persons possible that Chaplaincy Service can be of support to staff members in a changing institution to maintain morale and to promote a climate of trust.
2. To provide emphasis on primary prevention by providing support to staff to prevent "burn out" and to promote positive mental health, and, to provide health education to ministers who in turn will serve in congregations to foster mental health and help recognize mental illness onset in order to avoid institutionalization.
3. To provide local clergy and local congregations aid in developing awareness of the mental health needs of constituents. Special programs will be offered to help equip clergy and congregations with skills for this purpose.

## III. *Evaluation*

The Chaplaincy Consultation Committee will assist the Chaplaincy Service to devise tools of evaluation/assessment of how these goals are accomplished. A quarterly audit shall be made of the quantitative goals. A quarterly evaluation will be made of the qualitative dimensions.

# EDUCATION AND TRAINING SERVICE

## I. *Significant Events*

The Patient Education Service of S. C. State Hospital was renamed the Education and Training Service in June of 1980. The service is now responsible for both staff and patient educational activities. Major new responsibilities include Nursing Education services and Professional Growth and Development services.

## II. *Goals for FY 1980-81*

- A. To establish a Professional Growth and Development Program appropriate to the needs of all clinical, support, and administrative personnel.
  1. Develop annual plans for Professional Growth and Development for each service and the hospital as a whole.
  2. Establish a Professional Growth and Development Committee.
  3. The Education and Training Service will:
 

Design, initiate and conduct a hospital-wide orientation program. Act as a resource in enabling services to design appropriate learning experiences. It will also be responsible to design and conduct appropriate experiences to meet the interdisciplinary educational needs of staff; to compile, print and distribute a monthly calendar of Education and



Training opportunities; and to conduct an annual survey of staff educational needs.

- B. Continuing education activities offered to staff by the Nursing Education division will be expanded to serve 50% more participants than last fiscal year.

### III. *Evaluation*

An outside facility consultant will be utilized annually to evaluate and give recommendations concerning the hospital's Professional Growth and Development Programs, their scope of offerings, utilization, and effectiveness. The effectiveness of specific programs will be evaluated internally using such devices as participant checklists and work audits.

Goal I is that the Department of Education and Training become fully operational.

Achievement of this goal will be evaluated in June 1981, according to whether the following activities have been performed: 1) Orientation for all new employees will be provided; 2) The director of the department will post a monthly calendar throughout the hospital, informing staff of continuing education opportunities; 3) The Committee on Professional Growth and Development will have met quarterly; 4) Documentation will have been kept showing that all clinical staff have attended a minimum of 8 hours of training and all support and administrative staff will have attended a minimum of 3 hours of training.

## NURSING SERVICE

The primary goal of Nursing Service is to provide optimum quality care to our patients. Due to shortage of licensed personnel, recruitment has been a continuous effort. At present, we have 84 Registered Nurses and 56 Licensed Practical Nurses on our staff. Workshops are being developed to meet the needs of licensed personnel.

The SCDMH in conjunction with Midlands Technical College have provided a career ladder opportunity for the Mental Health Specialists. We have participated in the Licensed Practical Nurse Program since September 13, 1978. Three (3) Mental Health Specialists have completed the program and are licensed by the State Board of Nursing for South Carolina. Eight (8) Mental Health Specialists are presently enrolled in the program.

### *Nursing Service Goals for 1980-81:*

1. To continue to provide quality nursing care.
2. To increase licensed nursing personnel.

3. To upgrade the minimum requirements of the Mental Health Specialists for employment.
4. To provide educational opportunities to all nursing personnel through:
  - a. LPN Program.
  - b. Two year A.D. Nursing Program.
  - c. B.S.N. and Master's Program at University of South Carolina.
 The above educational opportunities to be supplemented by providing:
  - a. Prestated amount of official leave for class hours.
  - b. 50% tuition reimbursement.
5. To provide a more secure environment for the safety of nursing personnel.

## PSYCHOLOGY

The Psychology Department has focused its training and services on meeting two particular standards in the JCAH 1980 manual: 1) the preparation of psychodynamic appraisals including extended background information; and 2) recording Treatment Plans to meet the new guidelines. The staff training has been on the Departmental level, the Unit level, and with the individual where indicated. Dr. John Exner, nationally known authority, was brought here to give a 3-day workshop in the use and interpretation of the Rorschach projective test. Frequent reviews of Treatment Plans have been made in each Unit by the Chief Psychologist and the Coordinator of Quality Assurance with feedback to the individual recorders.

Psychologists have also assumed the responsibility of informing each newly admitted patient of his "Legal Rights." An orientation for psychologists performing this task assures that the patient is informed correctly. The psychologist then documents the patient's acknowledgement of the information.

A six month's evaluation of the effectiveness of the Token Economy program is being conducted to determine if this modality of positive reinforcement should be continued.

### *Future Goals:*

1. After all patients are moved from Babcock Building, review each ward program for revisions to better meet the needs of specific patients; use the results of the Token Economy Evaluation study in planning treatment.
2. To increase staff in the Psychologist I and Psychologist II levels.
3. Continue training of all staff to develop more effective treatment and to provide better documentation.



## QUALITY ASSURANCE

A Quality Assurance Coordinator has been named and systems have been developed to monitor ongoing patient care, identify problems, and to seek solutions. The goal to improve treatment planning and documentation was seen as integrally related to the development of quality assurance activities, especially in order that accurate monitoring of patient care may be conducted. Consequently, guidelines for documenting treatment plans and patient progress were written and the staff were trained in the new procedures. These guidelines stress the importance of developing individualized treatment plans according to the patients' problems or needs. Treatment is prescribed according to each problem designated, and goals are specified for each treatment.

In order to ensure the competency of clinical staff members, clinical privileging criteria have been set forth by each of the disciplines. Adherence to these criteria and annual reviews of each clinical staff member's privileges assure a competency based appointment to the staff.

Using the patient's record as the data base, individual case reviews have been initiated in all the Units. These reviews consist of clinical staff members reviewing their colleagues' work and making recommendations regarding how to improve the patient's treatment.

The appreciation of patients' rights is seen as being essential to quality care. The patients' handbook, which is given to each patient upon admission and describes the services of the hospital, has been rewritten to include a discussion of each patient's rights and the recourse which is available when a patient feels his/her rights have been abridged.

Because of the expense of token economy treatment programs and because of a question regarding whether treatment programs employing token economies are more effective than programs which do not employ token economies, a hospital-wide program evaluation is being conducted. It is designed to tell whether token economies are more effective than non-token economy programs according to the respective levels of functioning of the patients. A six-month longitudinal study is in effect and the results will be available in October, 1980.

## SOCIAL WORK SERVICE

During the past year, the primary goal for social workers has been meeting JCAH quality assurance standards. Toward this goal, social workers have been involved in a number of inservice training activities both at the Service and Unit level. This has been in addition to the educational/service oriented inservice training/staff development participation on the part of individual staff members.

The student program has been maintained with a total of ten students assigned for work (graduate program), Columbia College, S. C. State College and Benedict College.

During the year a total of 118 patients were placed in Alternate Care Homes/Facilities with 92 being placed in Boarding Homes, 8 in Nursing Homes and 18 in other group care homes or facilities. While the total number of patients placed was less than the number placed in the previous year (1978-79) it should be noted that those patients who have shown greater potential for community living have been placed in previous years and we are now, for the most part, working with patients who are more difficult to place because of their inadequate and/or inappropriate functioning level, medical and/or social needs, family problems, etc.

*Our goals for the coming year are:*

1. To continue to refine and upgrade our documentation. This will be reviewed by the supervisory staff in ongoing supervisory conferences and through a random review of social work cases as patients are discharged.
2. To review and update Memorandums of Agreements between the Units and the respective Mental Health Centers as our patient population and Units become a little more stabilized. The final documentation will be reviewed and signed by the Unit Director and the Superintendent.
3. To make a more concerted effort to increase alternate care placements particularly in Units I and IV working more closely with the Department's Licensing Division and the Community support systems. Each Unit maintains an ongoing file of patients referred for Alternate Care Placement and those patients who, in turn, are placed.

## VOCATIONAL REHABILITATION SERVICE

### *I. Significant Events Occurring in Fiscal Year 1979-80*

The primary goal of the Vocational Rehabilitation Service for this past year was to assure that all patients who demonstrated some degree of vocational potential had an opportunity to pursue vocational achievements. Approximately 383 hospital patients were referred for Vocational Rehabilitation Services.

### *II. Goals for Fiscal Year 1980-81*

- A. Achieve approximately the same referral and program activity as the previous fiscal year.
- B. Assess each Vocational Rehabilitation program by reviewing its objectives, referral data, and staff utilization.



C. Develop and utilize the "Vocational Status Assessment" report for the medical record.

D. Provide monthly inservice training programs.

### III. *Method of Evaluation*

Goal attainment will be assessed by a quantitative analysis of each program's utilization and staff review of the program's strengths and weaknesses. All casework will be reviewed by the Casework Assistant and the Chief for accuracy and documentation. Case staffings will be held on a weekly basis to review the patients's program activity. Inservice training will be assessed by the staff by asking each participant to complete a written evaluative report.

## VOLUNTEER SERVICES

A total of 327 groups, consisting of 2,144 Volunteers, contributed 3,483½ service hours. Groups averaged out at about 28 per month and regularly provided their adoptive ward with activities of a social and recreational nature, including the serving of refreshments and the recognition of patients having birthdays during the month. Local church groups continued to be in the majority, although other groups throughout the State included some church groups, County Chapters of the Mental Health Association, garden clubs, civic and school groups, etc. By comparison to last year's report, it appears that group volunteers were reduced during this fiscal year by about 2½ groups, resulting in about 14½ less volunteers and 18½ less service hours per month. This decline in group volunteers and service hours is regrettable, but can be attributed to several factors: 1) Some volunteers have had to return to paid employment due to the rising cost of living; 2) Some are reluctant to travel any distance due to the high cost of gasoline; and 3) Young mothers who have volunteered in the past are finding it more difficult to do so now, as their growing families require more time, they are involved in carpooling, and in taking their youngsters to various school and extra curricular activities, etc.

The Director has a long range goal of eventually having a Coordinator of Volunteer Services in each Unit. This will be possible only when and if the budget will permit the hiring of additional personnel. The Coordinator would be a member of the Treatment Team and share equally in planning for the care and treatment of the patients in the Unit. The Coordinator would also have the responsibility of identifying and interpreting to staff the need for volunteers, would assist staff in utilizing volunteers, would be available to both group and individual volunteers to assist in making their visits meaningful to the patients and to the volunteers as well. The Unit Coordinator would also assist in workshops, seminars, etc. geared to educating staff in more effective use of volunteers and in interpreting the role of the hospital to the community.

## CAMPUS POLICE

The Campus Police Division was successful in qualifying fifty percent (50%) of its officers in CPR procedures. We congratulate three new officers who completed the ten-week basic police training course. In addition, we had two officers to attend a two-week course in crime prevention, one officer attended a two-week course on criminal investigation procedures, one officer attended a two-week course on fingerprint classification, one officer attended a two-week course on burglary investigation, seven new officers received their radar (KR-11) certification, all at the Criminal Justice Academy. Two officers attended a two-week police orientation seminar at the Columbia Police Department. The Chief was honored by receiving an invitation to attend a one-week seminar sponsored by the Federal Bureau of Investigation at Quantico, Virginia, which was attended by Chiefs of Police from throughout the United States. The Division received a special thanks from the United States Secret Service for the professional protection given by our division during the visit of the First Lady, Mrs. Rosalynn Carter, to this campus.

The Campus Police Division continued to experience a marked increase in the number of calls for assistance, traveling a total of 270,663 miles (an increase of nearly 2,000 miles) transporting a total of 16,633 patients, of this 2,782 were court patients on campus.

Our goals for next year: 1) Implementation of a pilot project whereby security officers (noncommissioned) will be directly assigned to the ward areas. This will enable the patrol division to concentrate fully on the overall protection of our facility and at the same time ensure the safest environment for patients, staff, and visitors; 2) Qualifying all remaining officers in the CPR procedure and requiring all new officers to be so qualified; 3) Selection of a training coordinator to study the future training needs of the Campus Police Division as it relates to other disciplines within the facility; 4) Selection of a crime prevention officer within the Campus Police Division; 5) Implementation of a crime analysis process to more accurately identify problems in problem areas within the facility; 6) Relocation of the Campus Police Division center of operations from the front gate to a less congested area.

## ENGINEERING

The Division particularly the Construction, Utilities and Grounds Sections concentrated primarily on completing projects that should aid S. C. State Hospital in maintaining JCAH Accreditation. Accomplishments included completion of smoke stop partitions and installation of ceiling clips in several buildings to meet fire safety codes. A number of small repairs were also made in many building in our continuing effort to



meet fire safety requirements. Our success in this regard is reflected in an excellent report from the State Fire Marshall's Office.

Additional work included installation of partitions in Lieber and Wilson buildings thus providing greater privacy in patient sleeping areas. Considerable effort was also expended on the first floor of the Babcock building to aid the Administration in moving all patients in this building to the first floor. With the help of funds from the DMH two new buildings were constructed to provide appropriate classroom space for the children's unit. Routine maintenance has continued and, of course, constitutes the largest volume of work.

The Transportation Section continues to work with its primary responsibilities being maintenance of 158 vehicles and providing escort services for patients going to court hearings.

### FOOD SERVICE

Inservice education classes continue for Food Service personnel, with a variety of topics covered, being taught by Staff Nutritionists, Food Service Supervisors, and hospital auxiliary personnel.

Significant events that occurred during FY 79-80:

1. Workshops and meetings attended by Nutritionists
  - a. Obesity Workshop — February 7, 1980
  - b. S. C. Dietetics' Association Spring Meeting — May 15 & 16
  - c. S. C. Nutrition Council Annual Meeting — June 19 & 20
  - d. Monthly Columbia Area Dietetics' Association Meetings
  - e. Monthly Nutrition Council Meetings

### HOUSEKEEPING

We have been fortunate in providing some of our employees with the basic cleaning techniques of housekeeping. This particular workshop was conducted at Richland Memorial Hospital, coordinated through Midlands A.H.E.C. The subjects covered during this workshop were: floor carpet care, basic techniques for housekeeping, damp wiping, waxing, odor control, cost containment in housekeeping, and in cleaning patients' units and bathrooms. Twenty-five employees from SCSH were in attendance during this special workshop. Forty-four also attended a two-hour workshop on safety.

Two employees attended a seminar on management on May 14, 1980, conducted by Huntington Laboratories. This program was designed for management, middle management, and supervisory personnel in housekeeping and related fields with nursing homes. Covered in this session were four styles of leadership and their consequence.

*Goals for FY 81:*

Develop and implement staffing patterns for each building.

## SUPPLY AND SERVICE DIVISION

The Hospital Supply Branch during the past fiscal year has made a major evaluation of non-expendable property records. It is the consensus that the action taken to update and revise these records has greatly facilitated efforts to establish total property control.

The last inventory of expendable supplies conducted in May reflected a dollar value of \$27.58 over and \$25.81 short. This is an outstanding accomplishment especially when the large volume of transactions is considered; 1,470,673 expendable items valued at \$186,376.35 were issued throughout the year.

The Hospital Supply Branch assumed the responsibilities for the issuing of fruit juices on April 5, 1980. During the 13 weeks from April 5 through July 1, 1980, our experience factors indicate that this strictly controlled operation will effect an annual savings of approximately \$71,000.

*Additional specific goals:*

- a. Improve and expand policies and procedures for supply operation.
- b. Improve inventory procedures.
- c. Improve salvage procedures.
- d. Prepare Policy and Procedure for the laundry operation.
- e. Continue to furnish this hospital with the best laundry service possible.

## CRAFTS-FARROW STATE HOSPITAL

### SUPERINTENDENT'S REPORT

The past year has seen a further definition of Crafts-Farrow's role in the Department of Mental Health. This has resulted from several things.

1. The continuing growth of Bryan Psychiatric Hospital. With Bryan covering a catchment area that has grown to 28 counties, all of their beds are being utilized.
2. The one-year accreditation or probation by JCAH for Crafts-Farrow. This led to the decision by the DMH to strive to maintain the accreditation of Crafts-Farrow with the commitment of an increased appropriation for personnel.



3. Further development of plans and the granting to the DMS of a certificate of need for a 300-bed ICF to be built on the THRC campus.

Although Bryan Psychiatric Hospital's catchment area was increased to cover 28 counties during the year our monthly admission rate has not declined appreciably. In fact, the total number of admissions for Crafts-Farrow this year is just 100 below last year. During the year our census dropped to the low 1400s but has gradually climbed back to about where we were last year this time at 1522.

The two greatest needs we have at Crafts-Farrow are personnel and buildings. Most of our buildings are two-story and because our patients are older and more feeble they cannot climb stairs. Some of our buildings are not fully utilized for this reason, since our patients have great difficulty negotiating the stairs we can make little use of the second story. We need dining rooms in most of our buildings because, again, our patients are too feeble to walk across campus to a dining room. Our greatest need is for enough nursing personnel to staff our wards to give adequate treatment. We have made little headway in increasing the numbers of nursing personnel and nursing supervisory personnel to get our quality of care above the marginal level.

Plans are underway, derived from the recent architectural and engineering studies done by an outside consultant architectural firm, to construct a new 88-bed patient unit. This will be the first phase toward eventually reducing Crafts-Farrow's population to a total of 800-1,000 patients.

Crafts-Farrow continues to provide support services to Morris Village and Bryan Psychiatric Hospital. This continues to place additional pressures on our Laboratory, X-Ray, and Pharmacy Services. We need additional personnel in all these services in order to keep up with demand.

We are continuing to recruit for Occupational Therapists, Physical Therapists and a Psychiatrist to staff a Department of Rehabilitation Medicine. Recruiting is a constant task and we have continued to recruit medical and nursing staff. Unfortunately, our efforts have not been as rewarding as we would like. At the present, we are short on medical staff and nursing staff.

## QUALITY ASSURANCE DIVISION

Quality Assurance is in its second year of a program designed to coordinate an endeavor by all disciplines to assure the delivery of patient care that is optimal within available resources and consistent with achievable goals. Using new standards that were approved for psychiatric facilities by the Board of Commissioners of the Joint Commission on

Accreditation of Hospitals in December, 1979, changes have been implemented in our attempt for total compliance. We are continuing to review all new admissions plus all patients transferred to McLendon Clinical Center. Reviews and evaluations of identified problems are provided and shared with all disciplines.

The Infection Control Program is an active and functioning arm of Quality Assurance providing constant surveillance of the hospital environment in an attempt to achieve the best possible control of infections.

## EMPLOYEE RELATIONS

This office continued to function as a liaison between the employees and the various levels of supervisory management and as an intermediary between Personnel and the employees. Additionally, this office assisted employees in resolving problems and providing answers to questions concerning policy interpretation.

Routine employee services included assistance in applying for membership in State organizations; general orientation of new employees, retirement processing; insurance changes, assistance in filing insurance claims, employee counselings, and guidance during grievance procedures. Employee Relations coordinated the various fund and blood drives, as well as the Outstanding Employee selection process. The staff participated in interdivisional training programs and provided some supervisory training. Employee training data was compiled for use in the Departmental Affirmative Action Semi-Annual Reports. Employee Relations continued to publish the facility newsletter and to submit information for publication in The Report. The newsletter changed its image to that of a challenge. This served as a tool to help the employees have a better understanding of employment rules and to motivate employees through better communication and participation.

Service pins and certificates were awarded to 101 employees for service ranging from 5 to 30 years. This included 79 employees with 5 years service, 17 employees with 10 years service, 4 employees with 20 years service and 1 employee with 30 years service.

Employees contributed a combined amount of \$12,451.25 to United Way and the Annual Good Health Appeal fund drives. 449 pints of blood were donated during three Red Cross blood drives. 29 employees retired with 570 years of total combined service.

Informal grievances, grievance counselings, personnel inquiries, and personnel actions continued to be handled by this office.



## VOLUNTEER SERVICES DIVISION

The long-time need for a coordinator to work more closely with volunteer groups was fulfilled by a volunteer of seven-years experience at Crafts-Farrow State Hospital. Her duties include meeting regularly with all groups on their assigned wards to establish closer association and better communication, welcoming new volunteers, improving relationships between volunteers and staff, promoting better understanding of mental patients and the Hospital, informing and encouraging volunteers in their efforts to meet patients' needs, and serving as a liaison person between the Hospital and community.

Volunteer group projects included: furnishing party treats for locked wards, entertaining patients at community churches, special musical programs by Senior Citizens' Bands, plant and garden therapy by garden clubs, weekly visitation to several wards by a men's club. Also involved in direct patient service were 4 new church groups, 23 regular groups, 16 occasional groups and 7 Mental Health Association chapters. Individual volunteers chaperoned patients on shopping trips, served as bus drivers, library and recreation aides, friendly visitors, music therapists, psychology assistants, and patient feeding assistants. Indirect service to patients by volunteers provided personal items, Christmas and birthday gifts, bingo prizes, clothing, ward gifts and items for comfort, pleasure and recreational use.

One volunteer in music therapy, chosen runner-up Volunteer of the Midlands, was honored and recognized by the South Carolina Legislature and Governor of South Carolina.

Publication and distribution of "News and Notes", a bi-monthly newsletter for volunteers, began in the spring.

Use of the Volunteer Center was expanded to include educational workshops, staff orientation, joint staff, inter-disciplinary meetings, and various social and miscellaneous activities.

Seven hospital tours were coordinated by Volunteer Services.

## PROFESSIONAL SERVICES

There has been a continuous effort to maintain and improve patient care and keep the staff abreast of current medical knowledge. Clinical Case Monitoring is being developed utilizing consultative case presentations to provide a learning experience for involved disciplines.

The Continuing Education Committee has been expanded to include representation of affiliated professional staff and a coordinator of inservice education has been assigned the responsibility of developing professional growth of non physician staff. The continuing education program for physicians and affiliated professionals under the sponsorship of

William S. Hall Psychiatric Institute and Richland Memorial Hospital at Crafts-Farrow State Hospital has continued. 18 programs have been presented with a total of 24½ CME Category I hours credit.

Three hospital wide programs were presented for community pastors, people in the community working with the elderly and interested senior citizens.

March 31, 1980 Psychiatric Residents from Hall Institute started rotating through Crafts-Farrow for their 6 weeks geriatric service. As a part of this rotation an inservice program on various aspects of geriatric care has been developed and is presented every Monday during their assignment.

On the Admission-Exit Service an orientation procedure for families is being developed utilizing personal contact as well as a slide projection.

Discharge group meetings for patients going home or going to nursing home has been started on a weekly basis, providing information regarding resources in the community. As further primary prevention a dietary information presentation is being developed to use with this program.

We are providing clinical services, laboratory and x-ray, as well as medical clinics and dental services to Morris Village and Bryan Psychiatric Hospital. This past year Bryan Psychiatric Hospital had 2,007 admissions and Morris Village 1,308 admissions. The Richland Memorial Hospital Pathology Staff is consultant to our clinical laboratory and gives a Clinical Pathological Conference to our professional staff once monthly.

To better evaluate our patients' needs a level of care form has been developed which includes mental and physical assessments to be made prior to the development of the individual treatment plan. Plans are in progress to develop a computer program to store and retrieve appropriate information.

We recognize the job stress of working with chronic, infirmed patients is high especially when numbers of staff is low. To attempt to counteract this problem an inservice to include representatives from every organization in the hospital has been developed on "Managing Job Stress".

During this year we had 838 direct admissions and 117 transfers from department hospitals: SCSH — 64; BPH — 29; Tucker Center — 16; WSHPI — 8. We had 620 discharges and 280 deaths. The average age of admitted patients is now 70 and the number of physical problems accompanying old age remains high. The 280 deaths reflect the degree of these problems. A Mortality Review Committee is being established and the Hospice Concept is being evaluated.

We are still struggling to accommodate the needs of our elderly infirmed patients in buildings with stairs and outside dining rooms. A Space Utilization Committee has been established and continues to study to effectively use every available space to cluster patients appro-



priately and provide working space for staff.

Regular ward meetings have been established to coordinate the ward programs and better coordination of hospital services is being accomplished by developing and implementing Hospital Policy and Procedures.

### ADMISSION-EXIT SERVICE

The Admission-Exit Service during the fiscal year 1979-80 provided complete mental and physical assessment of newly admitted patients, diagnosis of problems present and short term therapy for stabilization or correction of such problems. Efforts are being made to have more beds assigned to Admission-Service in order that patients may receive up to a 90 day period of evaluation and treatment on admissions. This should allow more patients to be discharged from Admission Service back to the community or to an alternate care facility and less patients being transferred from Admissions to an appropriate ward in Resident Care Service.

### RESIDENT CARE SERVICE

The Resident Care Service cares for the largest number of patients being treated, averaging approximately 1,030 patients, a fourth of the total census during the fiscal year of '79-'80. Many of these patients have been hospitalized for a long time, some being transferred here from other institutions. Approximately 577 patients have been discharged to their homes, boarding homes, intermediate care nursing facilities, and other institutions. Patients are carefully selected before being referred for placement, and families enter closely into discharge planning when possible.

Improving appearances of the wards has been effected through painting with soft, neutral colors and ordering colorful draperies. Flowers, plants, and pictures also add to the attractiveness of patients' surroundings.

Every effort has been made to coordinate care and treatment with all personnel contributing to treatment, planning and reviewing.

Clinical Case Monitoring has been organized among the various wards, with physicians from the Medical areas acting as consultants and vice-versa, and with as many members of the treatment team as possible participating.

Volunteer Services has been of great help in beautifying the wards and in providing a clothing store for patients. Volunteers also provide many activities such as outings and parties for the patients.

Since the average age of our patients is now 68.5 years, it is difficult to find adequate facilities to give them proper care and treatment. The

feeble, bedridden, or wheelchair patients are increasing daily, and only 2 out of 9 buildings have elevators.

In order to help accommodate our older feeble patients with physical problems to the available space some clustering of patients has been attempted and some staff office space changed in order to open a ward in Building 3, which has an elevator. More and more problems are being experienced in trying to utilize the upstairs of our buildings.

## MEDICAL DIVISION

The McLendon medical compound is composed of the McLendon Clinical Center and Buildings 14 and 16. Bryan Psychiatric Hospital, Morris Village, and Crafts-Farrow State Hospital refer patients with acute diseases, intercurrent acute diseases, and chronically ill with acute episodes of their disease. In the past year, there has been a decided increase in chronic geriatric admissions to this area.

The outpatient clinics cover all disciplines of medicine and are supervised by specialists in each field. Patients are regularly scheduled to these clinics from Crafts-Farrow State Hospital, Bryan Psychiatric Hospital and Morris Village. Minor surgical procedures requiring only local anesthesia are performed here. Major surgical cases must be referred to Byrnes Clinical Center and Richland Memorial Hospital.

The physician staff has maintained the same level of trained personnel. The need of additional supportive nursing services remains present.

### *Laboratory:*

Outstanding quality of care for the patient population placed heavy demands on the laboratory service as statistics indicate. The department again performed more than 20,000 individual tests during the 1979-80 fiscal year. Production increases were significantly noted in the hematology and clinical chemistry departments. The increasing demands for laboratory services created by the opening of additional lodges at Bryan Psychiatric Hospital were met; however, as requests for support services increase additional personnel and equipment will be needed. The laboratory staff presently consists of 3 medical technologist and 3 medical laboratory technicians, an increase of 1 technologist.

Consideration is now being given to purchasing an additional centrifugal analyzer which will allow expansion of testing capabilities to include the performance of emit drug assays.

### *Physical Therapy:*

The Physical Therapy Department provides treatments for both restorative and maintenance purposes for patients and employees of Crafts-Farrow State Hospital and for residents of Morris Village. Because of lack of personnel, patients could not come as frequently as



physicians prescribed, but, even so, 644 patients were cared for, making a total of 7,032 visits and 30,069 treatments given during the past fiscal year.

An Overhead Pully System for arm and shoulder exercises, a Postural Drainage Tilting Table and a Birtcher Megason XVI Ultrasonic Unit were acquired to facilitate the treatment process. Other equipment was kept in good repair.

The Physical Therapy Department is presently operated by 3 employees, one of whom is a temporary summer hire. There is need to replace a male assistant's position.

#### *Radiology and Electrocardiograph Service:*

Because of a decrease in patients received from Bryan Psychiatric Hospital and Morris Village, there was a decrease in services rendered by Radiology for the past fiscal year. This decrease reflected 1,201 exposures and 214 EKG tracings.

Pitts Radiological Associates, P.A. continued to provide excellent radiological coverage. X-Ray equipment repairs amounted to \$1,131.92 and EKG repairs \$51.25. Expendable medical supplies amounted to \$24,985.16 and EKG \$1,313.10.

Crafts-Farrow State Hospital was reimbursed from the following facilities for the amounts shown below:

	<i>X-Ray</i>	<i>EKG</i>	<i>Total</i>
Bryan Psychiatric Hospital	\$13,757.57	\$347.78	\$14,105.35
Morris Village . . . . .	21,413.58	427.41	21,840.99
Grand Total . . . . .			\$35,946.34

South Carolina Department of Mental Health received the amount shown below from the silver recovery program:

Silver recovered from processed film . . .	\$3,240.34	
Salvaged film, 1840 pounds . . . . .		<u>2,208.00</u>
Total . . . . .		\$5,448.34

Radiology is presently operated by the following staff:

- 1 X-Ray Technologist Supervisor II
- 2 X-Ray Technologist II
- 2 X-Ray Technologist I

#### **DENTAL SERVICE**

The annual statistics of the Dental Service reflect an increase in the number of patients treated, as well as in the number of individual

procedures performed. 8,944 individual procedures were performed for 5,957 patients. Of this number of patients, 3,664 were from Crafts-Farrow, 2,137 from Morris Village, 153 from Bryan Psychiatric Hospital, and 3 from Midlands Center.

Preventive dentistry is still an important part of the dental program in this clinic. The chief of the service and the dental hygienist participate in the nursing educational program at Crafts-Farrow State Hospital. The part-time dentist lectures to the Morris Village Residents on a regular basis.

No new equipment has been added to this service. The authorized professional staff remains unchanged: one full-time dentist, one part-time dentist, one full-time dental hygienist, one full-time dental assistant.

### ACTIVITY THERAPIES DIVISION

The Activity Therapies Service was re-aligned into three sections: Central Therapies, Open Ward Therapies, and Closed Ward Therapies; and continued to provide a wide range of therapeutic activities, primarily in the areas of recreation, music, occupational and library therapy. In addition to these regularly scheduled daily activities, a program of inviting cultural and entertaining groups from the community was implemented, thereby providing patients with opportunities to enjoy concerts, bands, play drama groups, and other forms of community entertainment. Patient population remained approximately the same except certain less demanding physical activities were implemented.

Three members continued shopping for and/or with patients who have personal funds available; in addition to using these funds to shop for patients who have not been able to leave the hospital, this shopping program provides a means for the other patients to be taken on shopping trips which allow retraining in shopping procedures (selecting articles, making change, and other socialization processes). An opportunity was afforded patients who like to raise vegetables to grow produce on a plot of ground within walking distance of the ward buildings.

In the Music Therapy program emphasis was placed on ward visits, using music as a stimulus with the goal of encouraging as many patients as possible to participate in these therapeutic programs. Choir members were trained and both individual and group music instruction was given to interested patients. Individual music therapy was increased.

Ward visitation was also expanded in the Library Therapy Section, and has been the custom for several years, a program for the deaf and blind patients was provided with full participation by those patients. Many valuable additions to the medical library have continued to be received. The hospital staff as well as the patients made full use of the library and its facilities.



The Occupational Therapy Workshops under the supervision of three Certified Occupational Therapy Assistants continued to work with many patients teaching them skills for use outside the hospital.

The personnel of Activity Therapies Service participated fully in training programs, seminars, workshops, and conferences.

Documentation of treatment was stressed. A greenhouse was constructed and will supply plants for the wards. Staff training was expanded in order to insure the best care possible for our patients.

The following is a copy of the assessment form for Activity Therapy.

Name of Patient \_\_\_\_\_ Ward \_\_\_\_\_ Building \_\_\_\_\_  
Date \_\_\_\_\_ Name/Title of Therapist \_\_\_\_\_

### I. Current Skills (Proficiency or Technical Ability)

Describe

\_\_\_\_\_ In Crafts \_\_\_\_\_  
\_\_\_\_\_ In Learning Readily \_\_\_\_\_  
\_\_\_\_\_ In Following Directions \_\_\_\_\_  
\_\_\_\_\_ In Persistence \_\_\_\_\_

### II. Talents and/or Aptitudes (See also following section)

Describe

\_\_\_\_\_ In Sports or Recreation \_\_\_\_\_  
\_\_\_\_\_ In Music or Library \_\_\_\_\_  
\_\_\_\_\_ In Vigorous Movement \_\_\_\_\_  
\_\_\_\_\_ In Passive Pursuits \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

### III. Interests (Check as appropriate)

_____ Bingo	_____ Dancing	_____ Picnicking
_____ Bus Tours	_____ Games (Out)	_____ Planting
_____ CAL	_____ Games (In)	_____ Shuffle Board
_____ Card Games	_____ Hiking	_____ Story Hour
_____ Coloring Books	_____ Knitting	_____ Sports
_____ Craft Work	_____ Music	_____ Other

### IV. Physical Abilities and Limitations

#### A. Abilities

##### Ambulatory

\_\_\_\_\_ Yes  
\_\_\_\_\_ Limited  
\_\_\_\_\_ Wheelchair  
\_\_\_\_\_ No

##### Motor Skills

\_\_\_\_\_ Eye-Hand Coordination  
\_\_\_\_\_ Gross Motor Skills  
\_\_\_\_\_ Manual Dexterity  
\_\_\_\_\_ None

#### B. Limitations

##### Impairment

\_\_\_\_\_ Seizure  
\_\_\_\_\_ Incontinent  
\_\_\_\_\_ Diabetic  
\_\_\_\_\_ Mute  
\_\_\_\_\_ Visual  
\_\_\_\_\_ Hearing  
\_\_\_\_\_ Speech  
\_\_\_\_\_ Other

Describe \_\_\_\_\_

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V. Ability Financially to Afford Various Forms of Activity

Amusement/Entertainment	Shopping/Personal Wants
_____ Adequate Funds	_____ Adequate Funds
_____ Some Funds	_____ Some Funds
_____ Little Funds	_____ Little Funds
_____ No Funds	_____ No Funds

Describe \_\_\_\_\_ Describe \_\_\_\_\_

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VI. Motivations For Engaging in Various Activities

Encouragement	Peer Pressure Response	Background
_____ Needs Great Deal	_____ Positive	_____ In Games
_____ Needs Some	_____ Some	_____ In Sports
_____ Needs Little	_____ Negative	_____ No Background

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VII. Amount of Leisure Time Available

_____ Substantial Amount	Counseling on Use of Leisure Time
_____ Some	Describe _____
_____ Little	_____
_____ None	_____

SCDMH FORM T-508

## CHAPLAINCY DIVISION

Pastoral services were provided by a staff composed of four full-time chaplains, one part-time Catholic priest, a Rabbi on call, and four part-time retired community clergymen. A total of 1,431 worship and ward devotional services were held. Interviews were conducted with 913 newly admitted patients. Counseling sessions were held with 680 patients. There were 25,275 brief pastoral visits and more than 389 treatment team meetings attended.

The sixth annual state-wide conference on "Meeting Needs of the Elderly" was held on March 11, with Dr. Robert J. Havighurst of Chicago as the keynote speaker; there were 218 in attendance, representing most of the agencies and many of the churches serving over S. C. Numerous seminars and workshops were conducted within the hospital and community, relating to issues on meeting the emotional and spiritual needs of the elderly, facilitating the grief process and family needs.



## NURSING DIVISION

The focus of nursing has continued to be to provide quality patient care. Achievement of this goal was severely affected by budgetary restraints which were imposed. The cutback of over 40 permanent positions and discontinuing the use of temporary mental health specialist positions decreased the number of persons available to provide nursing care by two or more persons per ward. Presently all wards do not have a registered nurse on the day shift to plan, supervise and give direct patient care. Most wards have no licensed personnel on afternoon and night shifts. The surveyors from JCAH recognized the extreme shortage of nursing staff, emphasized the need to increase the number of RN's, LPN's, and mental health specialists, and made recommendations to this effect. Instead of an increase, the above decrease was imposed. This decrease in positions has made it very difficult to provide for basic physical and safety needs of patients.

Although much effort and energy was exerted in recruiting licensed nursing personnel, no substantial increase is noted except for a few additional RN's and LPN's working part-time. Many employment opportunities are available for licensed nursing personnel; nursing studies show that working with elderly gero-psychiatric patients the least desirable, especially when staffing is deficient. Therefore, unless additional action is taken to reward current staff and attract qualified nursing personnel, the present staff shortage will continue and probably get worse.

In an effort to retain nurses and assist the newly employed licensed nurse adjust to the critical shortage of staff and to assure necessary competencies, the orientation program for licensed personnel was restructured to provide classes and specific supervised follow-up experiences in the clinical area on the ward. Emphasis is placed upon clinical privileges, assessment, documentation, planning and evaluating patient care in order to improve quality care as well as to comply with JCAH standards, and State and Federal laws. These classes were initiated in August, 1979, and 41 nurses have participated since that time.

During the past year some open wards were closed due to the increased number of patients with severe mental and physical disabilities. Since January, 1980, two additional wards have been opened causing an even greater staffing shortage. Many wards are overcrowded and are not designed nor equipped to house geropsychiatric patients safely.

The turnover rate continues to be extremely high for persons employed as beginning mental health specialists. Many young employees express a desire to work with younger patients and with patients having fewer physical disabilities. Higher pre-employment standards, pre-

employment reference checks and greater rewards for employees would possibly help decrease the turnover rate.

On the job training has provided 392 mental health specialist participants with additional knowledge and skill training in class and on the ward. Continuing Education Programs have been provided for many more participants this year, focusing on Documentation of Patient Care, Infection Control, Fire and Safety, Seclusion, Physical Restraints, Safety Precautions, Skill Training, Demonstrations of New Equipment and Forms, and Managing Physical and Behavioral Problems in the Elderly. These programs are provided for staff working all three tours of duty.

Nursing Education has continued to develop their program in the Competency Based Training System. Assistance has been provided in the development of two video tape series on documentation and behavior patterns. Scripts are being written for the "Orientation to Patient Services" program. The title was changed to "Orientation of New Employees" and is presently being coordinated by the Learning Laboratory Specialist.

## PHARMACY SERVICE

The total number of prescriptions filled at Crafts-Farrow State Hospital Pharmacy during the fiscal year 1979-80 was 63,893. A total of 7,728 employee prescriptions were filled, amounting to \$22,934.45 in cash collections.

Morris Village was issued 2,904 prescriptions while G. Werber Bryan Psychiatric Hospital was issued a total of 2,265 (drugs issued in bulk and employee prescriptions). This was a decrease of 63.5% due to the fact that Bryan's pharmacists have filled their residents' prescriptions during the past fiscal year.

Cash receipts amounting to \$2.40 were collected for prescriptions for discharged patients that are to be followed up at after-care or mental health clinics.

A pilot study was implemented on Ward 200 in the McLendon Building on June 12, 1980, using individual prescriptions from the uni-use medication cart. The pharmacist stocks the cart according to the physicians' orders. A total of 244 orders were filled during the period. A profile card is kept on each patient.

The pharmacy continues to provide services for the Community Mental Health Autistic Children's Division.

Information from all individual prescriptions is being entered into the computer terminal, providing a profile on the patient.



## SOCIAL WORK SERVICE DIVISION

Some of the goals of the Social Work Service Division were realized during the fiscal year 1979-80. The major contributing factors in the accomplishments were utilization of available community resources, establishing realistic treatment goals and setting priorities in working with chronic geriatric patients and their families. The above strategems were most important because of the increased number of admissions as well as the advanced age of patients admitted, which required one-to-one group counseling with patients and families. The results indicate that 620 patients were discharged, 454 returned to their homes and 166 placed in alternate care facilities.

With the constant increase in the number of admissions and the advanced age and chronic disabilities of many patients admitted, a serious problem of suitable dormitory space has developed. In an effort to cope with the increasing problem, the projected goals of the Social Work Division will be continued. Services to patients and families will be intensified, focused upon discharge planning.

## VOCATIONAL REHABILITATION DIVISION

The changing characteristics of the patient population at Crafts-Farrow State Hospital has dramatically affected the Vocational Rehabilitation program at the hospital. The average new admission to Crafts-Farrow this year has been more aged and increasingly more mentally and physically debilitated. These changing population characteristics have obviously necessitated programmatic adjustments by the Vocational Rehabilitation Department. Adjustments have been made in both services and staffing patterns.

The year has been marked by a continuing reduction in staff from a team of three counselors, two evaluators, two casework assistants and four rehabilitation assistants to one counselor, one evaluator and one casework assistant. These reductions, agreed upon by the Project Committee with respect to the decreasing demand for Vocational Rehabilitation services among this particular population, were achieved through attrition and transfers. The present staff is adequate to meet the needs of the hospital at this time.

Through the remaining staff, the Vocational Rehabilitation Department will continue to offer the following services: Vocational counseling and guidance, vocational evaluation, work adjustment training, homemaker training, job placement and community follow-up.

During the past year, 80 patients were referred to Vocational Rehabilitation by Crafts-Farrow State Hospital treatment teams. Additionally, 13 Vocational Rehabilitation cases were transferred to Crafts-Farrow from Vocational Rehabilitation field counselors from across the

state. 49 of the above mentioned 93 cases were served in the Vocational Rehabilitation Department at Crafts-Farrow and referred back to a Vocational Rehabilitation field counselor in their home community. 82 patients were referred for vocational evaluation and adjustment training by treatment teams. A weekly average of 22 patients participated in Vocation Rehabilitation sponsored personal grooming classes taught on the ward. An average of 70 patients were evaluated, placed, counseled, and followed on campus jobs by the Vocational Rehabilitation Department. The Vocational Rehabilitation counselors at Crafts-Farrow placed 10 patients as homemakers and 9 successfully rehabilitated in the Columbia area.

It is clearly recognized that the number of individuals leaving Crafts-Farrow and returning to jobs in the community will continue to diminish. However, the small number in that group combined with the greater numbers of those who can benefit from Vocational Rehabilitation services and return as homemakers certainly justifies the continued Vocational Rehabilitation efforts at the present, reduced, level.

### ADMINISTRATIVE SERVICES

The Department of Administrative Services is responsible for providing (1) adequate and complete administrative and medical records for all patients; (2) supplies and equipment necessary for the proper care and treatment of all patients; (3) a safe place to live and receive treatment that is clean, comfortable, and as pleasant as possible; and (4) wholesome and nutritious meals. In addition, Administrative Services assures that the hospital abides by the S. C. State Law, SCDMH Directives, and CFSH Directives. Budgetary matters, also, are the responsibility of Administrative Services.

Administrative Services is dedicated to an all-out effort to provide the above-mentioned services within the budgetary limitations.

All departments and services have been working toward correcting deficiencies listed on the Joint Commission on Accreditation of Hospitals "Report of Deficiencies" given after their survey in October 1979. Due to the number and scope of these deficiencies, Crafts-Farrow received a one-year accreditation. The Accreditation Committee has met frequently to coordinate efforts and to monitor progress made in preparing for the Fall 1980 JCAH Survey. The task was made more difficult due to limited funds and the loss of 73 authorized positions during the year involving both support and clinical disciplines leaving fewer personnel to take care of a patient population whose average age is increasing.

The average daily patient census was on the downswing for the first three quarters of the fiscal year, but during the last quarter began to increase.



Most of the older residences and the farm buildings were sold and are in the process of being moved which will enhance the looks of the surrounding landscape.

The Engineering and Planning Study started in the previous fiscal year and has been completed and a long-range comprehensive capital improvement plan has been initiated.

## REGISTRAR DIVISION

### *Admissions & Disposition Office:*

This office, open seven days a week, twenty-four hours per day, and manned by only eleven people for coverage on all shifts, processed 1929 patients during the past year. Admissions and Dispositions serves as the central information office for Crafts-Farrow, answering incoming information calls and backing up Public Safety by handling telephone calls and messages. In addition, this office monitors the fire alarm system.

### *Medical Records Section:*

This section processes all dictation by doctors, social workers and psychologists. The steno pool, responsible for this work, includes 12 medical transcriptionists. Other duties consist of preparing death certificates, insurance claims, correspondence, notifying patients of their rights annually and also their families. This office is also responsible for scheduling the staffing of patients and completing the final legal charts for safekeeping until microfilmed. Additionally, this office deals with all third party payers.

### *Medicare-Medicaid Section:*

This section processes claims for Medicare patients, notifies the patients and families when claims are exhausted. Records are also kept on all Medicare-Medicaid patients while they are in the hospital. This totals approximately three hundred on Medicare and seven hundred on Medicaid.

### *Post Office – Personal Fund:*

This office is manned by four people: two postal clerks, one clerk, and one vehicle operator who delivers mail. The clerks operate a sub post office, selling money orders, stamps, etc. In addition, all money disbursed to patients (including patients taken on shopping trips and those that shop at the canteen) goes through this office. They also handle monies from families on patients' accounts, traffic fines, and collect other revenues coming into the department. This office operates on about \$9000.00 cash outlay.

## SUPPLY and SERVICE DIVISION

The Supply and Service Department continues to requisition, store and issue supplies to all areas within the hospital and to other facilities of the Department of Mental Health, including Morris Village, Autistic Children's Center and Bryan Psychiatric Hospital. Records on expendable and non-expendable items are maintained and inventories held periodically.

We are still striving towards upgrading and improving furnishings for all wards by adding pictures and live plants for all wards to create more home like surroundings.

The number of patients working in the department has been reduced, while the number of staff has been increased in order to better serve all areas of the Department of Mental Health as well as other facilities that depend on Department of Mental Health for some assistance and or service.

For the fiscal year 1979-80, the laundry at the Department of Corrections laundered 3,058,356 pounds, at the cost of \$290,543.82. We are now washing in our area bath towels, washcloths, underwear and socks, in order to give better patient care.

The Canteen continues making available a number of new items which residents are requesting, such as radios and watches. The Canteen sales for fiscal year 1979-80 amounted to \$142,760.22. This amount does not include the vending machine sales.

## ENGINEERING DIVISION

During fiscal year 1979-80, the Engineering Division continued to provide minor improvements and maintenance to hospital buildings and grounds, as well as utility systems. The Division also continued to provide transportation services for employees and patients. Additionally, work involving patient comfort, patient/employee safety, and accreditation requirements continued to receive top priority. Total personal authorized strength for the Engineering Division has been reduced to 85 spaces.

Major capital improvement projects, completed by outside contractors, included additional fire escapes at Building 18; re-roofing of Buildings 2, 3, 8, 10, 12 and Fisher Auditorium; refinishing floors in the dining room and kitchen area of Building 7.

The Division erected a 26' x 96' greenhouse and installed all of its utility and mechanical systems. The old Vocational Rehabilitation Building was demolished and its materials used in the construction of a Grounds Maintenance shed. Grab bars have been installed in the rest rooms and shower areas of all buildings, and chair lifts were installed



where needed. In an effort to reduce lightning damage to the fire alarm system extended power transmission lines were erected behind Building 13.

*Building and Maintenance Branch:*

The Building and Maintenance Branch kept the elimination of safety deficiencies as its top priority and has maintained smokestops in Buildings 1, 14, 15, and 16. Plaster and tile were upgraded where needed; concrete walk areas repaired; and building deficiencies noted during the past accreditation visit were remedied.

*Utilities and Equipment Branch:*

This Branch continued to upgrade, repair and improve the installed utility systems. Additional chair lifts were installed in Buildings 3, 14, 15, 16, Shand, Davis, and McLendon; a shower was installed in the O. D. Room on Ward 200, McLendon; an additional washer and dryer in Davis and McLendon; and a new Cummings engine was installed on the emergency generator at McLendon. Other installations included cut-outs at sub-station to by-pass oil switch in case of switch failure; smoke dampers to fire alarm system at Building 18; fire extinguishers in hoods at main kitchen and employee dining room; garbage disposals at Building 1, 2, 3, 7, 18, Shand, Davis, McLendon, and Food Service; complete kitchen with dishwasher and related equipment at Building 7; water flow valve for fire alarm systems at Building 1, 4, 5, 13, 15, 16, Faith Chapel and Fisher Auditorium. Also, lined walls of freezer with stainless steel at Food Service and cleaned and painted all equipment and pipes at McLendon and other buildings.

*Transportation Branch:*

This Branch has continued to provide essential vehicular needs for the hospital. Out-of-town trips, transporting patients for court hearings, and medical reviews placed a heavy demand on Transportation. The Branch was supportive and ready for action during the two snow periods, transporting personnel to and from their jobs, enabling the hospital to function as necessary and/or normal. Automotive supply, maintenance, and repair support continued to be provided for the vehicles assigned to Morris Village and Bryan Psychiatric Hospital.

*Grounds Maintenance Branch:*

Another busy year was experienced by the Grounds Maintenance Branch in the maintenance and upkeep of the hospital grounds, recreational areas, and surrounding owned timbered lands. Additional effort was given, during the two snow periods, to be sure that campus roads and walk areas were cleared and safe for patient and employee passage. Shrubbery was also placed around the newly constructed greenhouse and some replaced at the Administration Building.

## PUBLIC SAFETY DIVISION

The Public Safety Division has the responsibility for providing security and protection for patients, employees and visitors. This division also has the responsibility of investigating all types of cases and enforcing all State and local laws applicable to the Hospital. Constant patrols are made around the grounds looking for possible fires and violations of any rules or laws. The Department of Mental Health has three lakes on the property for use by patients and employees and for which this division issues passes and controls the usage.

In upgrading the ability and knowledge of each officer, specialized training and education have been provided by the Department of Mental Health, ETV, State Fire Inspector's Association, S. L. E. D., and the S. C. Criminal Justice Academy.

During the year a total of 67,418 miles were driven by the officers in patrolling the grounds, answering calls and transporting patients. There were 4,277 calls answered, which resulted in 344 cases being investigated and reports written. Types of cases investigated and reports written included: Auto Accidents, Grand Larceny, Petit Larceny, Trespassing, Contraband, Patient Abuse, Patient Injury, Assault, Drugs, Fires, LWP, Unauthorized Use of Telephone, Forgery, etc. Some of the cases investigated resulted in persons being charged and tried in court. 767 decals were issued for employees' vehicles. There were 881 traffic warning tickets issued and 123 summons, which included parking and moving violations. In an effort to control contraband and theft, a total of 741 vehicles were searched in addition to 63 persons walking off the grounds.

## FIRE AND SAFETY DIVISION

Orientation classes were held for 243 new employees during this past fiscal year; also special inservice training on fire and safety precautions was conducted for 83 housekeeping personnel.

There were 9 fires reported the fiscal year, consisting of the following types: cooking grease, vehicle (wire-short), and general combustibles (clothing, lint, etc.). Property damage was minimal; only one minor injury sustained.

Required fire reporting and procedures were drilled and discussed quarterly on all three shifts for a total of 510 combination drills and discussions.

There were 531 job related injuries reported this past fiscal year; 106 of which were recordable (i.e., time lost from work as a result of the injury).

A total of 99 building fire alarm tests were conducted this past fiscal year. All deficiencies were corrected accordingly.



## FOOD SERVICE DIVISION

Food Service continued to prepare and serve attractive, highly palatable and nutritious meals to patients and employees at Crafts-Farrow State Hospital, Bryan Psychiatric Hospital and Morris Village. Approximately 2,394,390 meals were prepared during the past fiscal year as reflected below:

CFSH .....	2,100,605
Bryan Psychiatric Hospital .....	131,201
Morris Village .....	163,124

In addition to food preparation for Bryan Hospital and Morris Village, they were also serviced with milk. Likewise Midlands Center was serviced with milk and ice cream.

Crafts-Farrow hosted the 6th Annual State-Wide Conference on Meeting the Needs of the Elderly, as well as providing food for many lesser workshops, groups, etc. during the year.

As a fire-prevention measure, a new sprinkler system was installed over all grills. A new tray system was initiated and utility carts were acquired for some dining rooms.

During the year, Staff Nutritionists conducted in-service education classes for Food Service personnel and Nursing personnel. Nutritionists participated in many community and state-wide dietetic and nutritional workshops, conferences, etc.

The Food Service Division is composed of a Food Service Director, one Food Service Director I, one Nutritionist III, three Nutritionists II, five Food Service Supervisors and approximately 140 supportive personnel.

## HOUSEKEEPING DIVISION

During the fiscal year '79-'80, the Housekeeping Division continued to provide efficient custodial services for Crafts-Farrow, maintaining clean, neat and odorless facilities. Mandatory in-service training programs designed to update cleaning methods and techniques, as well as to familiarize employees with new and modern cleaning trends and techniques were continued. In addition to the training, an intra-divisional program to give recognition monthly to those employees who have demonstrated outstanding performance, acceptance of responsibility, and dependability, has motivated custodial workers and inspired them to improve the quality of housekeeping services.

These accomplishments were made with limited staff. Housekeeping has assumed the responsibility for rodent and roach control for the entire hospital.

## WILLIAM S. HALL PSYCHIATRIC INSTITUTE

### DIRECTOR'S REPORT

**GOAL:** To educate highly competent mental health professionals and further the knowledge of neuropsychiatry by competent research.

These goals are being attained, but some adjustments are having to be made due to budget restrictions and difficulty in recruiting students and faculty. Fewer physicians are going into psychiatry, and this places a hardship on the faculty in recruiting competent residents for training. Ten years ago, 14% of graduating medical students went into psychiatry; however, this past year, less than 3% went into psychiatry. Even though there is a national trend of fewer physicians entering psychiatry, the new medical school and the outstanding neuropsychiatry and behavioral science course show promise of good recruitment for this coming year. Several faculty members have left to pursue private practice, public health care or accept other teaching positions. Recruitment continues to be an ongoing challenge. The William S. Hall Psychiatric Institute and the Department of Neuropsychiatry and Behavioral Science of the University of South Carolina School of Medicine continue to maintain a close liaison and working relationship with an integrated faculty. The psychiatric courses have gone extremely well, and the students are doing quite well on their national board type examinations. Thirty-two members of the Institute faculty have U.S.C. School of Medicine appointments. A professional practice plan was implemented July 1, 1979, consistent with medical school departments and other teaching hospitals in the area. The professional practice plan is fully operational and is developing smoothly at this point. Clinical rotations for third year medical students were well planned and went well beginning in July, 1979. The partial hospitalization program has been developed and offers trainees skills with great potential for better mental health care for citizens of S. C. We had to discontinue the community psychiatry fellowship program due to a loss of faculty. The Institute was surveyed by the Joint Commission on Accreditation of Hospitals during this year and received full two-year accreditation. There was a stipulation that an interim survey be conducted next October to review specific areas.

A total of 1,615 trainees were in training during the year:

General psychiatry training . . . . .	20
Child psychiatry training . . . . .	3
Psychology interns . . . . .	5
Nursing students . . . . .	49
Clinical pastoral education . . . . .	20
Social work placements . . . . .	10



Recreational therapy interns .....	8
Music therapy interns .....	4
Occupational therapy interns .....	6
Art therapy interns .....	2
Pharmacy students .....	28
Vocational rehabilitation interns .....	2
Medical students (MUSC) .....	20
Medical students (USC)	
Clinical psychiatry rotation .....	21
Psychiatry electives .....	4
Continuing education for physicians .....	1,298
Continuing education for clergy .....	115

Thirty-two papers by members of the Institute faculty were accepted for publication by various journals.

During this fiscal year, 751 patients were treated as inpatients for a total of 32,431 inpatient days and 1,448 partial hospitalization patient days. 5,667 outpatient visits were recorded.

"The Joe E. Freed Award" for the most outstanding paper written by a physician in training was won by Robert J. Pary, M.D. His paper was entitled "Strategies for Development of A Tricyclic Antidepressant — Radioreceptor Assay."

## DEPARTMENT OF RESEARCH AND TRAINING GENERAL PSYCHIATRY RESIDENCY PROGRAM

The General Psychiatry Residency Program was able to recruit five residents to begin their training July 1, 1979. Statistics indicate that the number of residents entering psychiatric training programs has shown a marked decrease this year with the programs being highly competitive for candidates for training.

Two of the general psychiatry residents completed the Community Psychiatry Fellowship Program. The fellowship program was affiliated with the School of Public Health, University of S. C., and these residents completed their academic and field assignments and were awarded a Master's Degree in Public Health from the University. Three other residents completed their general psychiatry training during the 1979-1980 year.

Robert J. Pary, M.D., was selected as a fellow in basic research with Richard J. Wyatt, M.D., of the National Institute of Mental Health for a period of six months, July through December, 1979. Doctor Pary was also the winner of the Joe E. Freed Award presented at the time of the Continuing Education Program at Hilton Head in March, 1980.

Psychiatric residents provided clinical supervision for third-year medical students from the University of S. C. School of Medicine during

their six-week rotation at the Institute. The medical students received an excellent experience and many favorable comments were received from them in regard to their psychiatric experience. The residents were enthusiastic about their opportunity to provide this teaching experience. It is expected that several of this group of medical students who are now in the first class to graduate from the University of S. C. School of Medicine will be recruited into the General Psychiatry Program at the Institute.

### CHILD PSYCHIATRY RESIDENCY TRAINING PROGRAM

The lecture seminar curriculum of the Child and Adolescent Psychiatry Service was revised. This consisted of the following series: Common Problems of Child Psychiatry, Physical and Cognitive Development-Personality in Social Development-Deviations from Normality, the Toddler, elementary School-Aged Children and Adolescents. Lecturers were drawn from the entire University of S. C. School of Medicine Faculty as well as the Child and Adolescent Psychiatry Service Faculty. A new innovation was the collaboration of faculty and child psychiatry residents, general psychiatry residents, and psychology interns giving certain of the lectures.

In addition, a great respect in our Pediatric Consultation-Liaison Program has developed at Richland Memorial Hospital. Several innovative programs have been started at Richland Memorial Hospital including a group therapy group for parents of children with cancer. Approximately 12-15 pediatric consultations per month are seen by our Service in the Pediatric Clinic at Richland Memorial Hospital.

Three child fellows completed training during the 1979-80 fiscal year and two child fellows were recruited into the child program.

On July 10, 1979, Dr. Alayne Yates, Associate Professor Psychiatry and Pediatrics, Loma Linda University Hospital, gave a presentation entitled "Sexuality in Children." Dr. John Carter, the University of Alabama, gave a presentation entitled "Current Trends in British Child and Adolescent Psychiatry" on October 26, 1979, and on June 4, 1980, Dr. Frank Miller, Children's Psychiatric Institute, Butner, North Carolina, gave a talk entitled "The Development of, and Theoretical Basis for, Electically Based Family Therapy."

The Child Psychiatry Training Program was also awarded a fourth year award of \$112,560 in its five-year training grant by the National Institute of Mental Health. The Pediatric Consultation-Liaison position continues to be supported by this grant.

Program plans for the Child Psychiatry Residency Training Program are: (1) increased involvement of our child psychiatry fellows with the junior medical students rotation through their core electives on the



Child and Adolescent Psychiatry Service and also the senior medical students doing their electives on the Child and Adolescent Psychiatry Service, 2) extension of the Pediatric Consultation-Liaison Service Program into more specialty clinic of the Pediatric Service and Family Practice Program at Richland Memorial Hospital, 3) continued reorganization of the Curriculum, 4) further expansion of our Family Therapy Program with our child fellows and general psychiatry residents rotating through our Service, 5) renewal of the Child Psychiatry National Institute of Mental Health Training Grant, 6) continued recruitment for child psychiatry fellows and general psychiatry residents, and 7) plans for developing a possible children's center, combining mental health and pediatrics.

### CONTINUING EDUCATION PROGRAM

Fifteen continuing education programs were conducted during the 1979-80 fiscal year. The programs dealt with a variety of topics which included:

- Understanding the Elderly Patients
- Understanding the Grief Reaction
- Anxiety
- Current Status of Endorphins and Opiate Antagonists in Psychiatry
- Obesity: Causes, Complications, Control
- Recognition and Management of Behavioral Emergencies
- Suggestions for the Proper Usage of Psychoactive Agents
- Current Issues on Addiction in Treatment and Research
- Workshop on DSM III
- The Neurological Exam in the Elderly Patient
- Movement Disorders
- Psychotropic Agents in the Elderly
- Current Theories of Narcissism
- Digitalis, Its Uses and Abuses
- New and Old Drugs in the Treatment of Hypertension

The programs featured outstanding nationally known speakers and were well attended by nonphysicians as well as physicians.

### CLINICAL PSYCHOLOGY INTERNSHIP PROGRAM

The training personnel situation has been improved considerably with the addition to the staff of a Clinical Psychologist, who among other things is involved in supervision of interns as well as beginning research projects into sports psychology.

Special clinical privileges have been held in the area of biofeedback and some research material will be generating from this laboratory.

Additionally, psychology interns are being trained in biofeedback at the beginning of the internship. Also selected psychiatric residents are being trained in this format.

One staff member has presented a paper at the 1980 Annual Meeting of the American Association for the Study of Mental Imagery entitled "Covert Modeling in the Context of Storytelling: Observational Learning in Therapy with Children."

One of the Clinical Psychology Interns has achieved the distinction of winning a White House Fellowship and will begin this service in Washington, D. C. at the conclusion of her Clinical Psychology Internship.

Two staff members are now collecting data with the help of one of the summer medical students on the study they have submitted on neurolinguistic programming.

### **SOCIAL WORK PLACEMENT PROGRAM**

During this period of time, three social work summer interns continued their internship from the end of the fiscal year to August, 1979. They were able to not only continue their learning experience, but supply needed coverage in the areas where social workers on the staff were absent.

Five second year social work students from the University of S. C. entered the placement program in September, 1979, for two-semester placement of two days per week. Additional learning opportunities were opened during this period of time and learning activities in almost every clinical area were utilized. One student with experience was able to develop learning skills in supervision of two B.S.W. students; another was designed to the developing Genetics Program and participated in case finding, family work, as well as being aware of the total program development.

Two B.S.W. level students from Columbia College utilized placement in the Community Cottage unit for a part of both semesters. These two levels of professional learning enabled the placement program to better define what might be expected of each level, and also offered staff some opportunity to be aware of the various levels in community service agencies.

Due to budgetary constraints, no summer internship program was available for the summer of 1980.

### **RESEARCH SERVICES**

The Genetics Laboratory provided karyotyping as a consultation service to the Institute and the Department of Mental Health completing 21 consultations. During the summer a medical student and a high



school student, with supervision, learned basic tissue culture techniques, karyotyping, and the human leukocyte T and B cell testing. The research they did will be included in subsequent manuscripts for publication.

A portion of a research project on immunologic and growth characteristics of lymphocytes in patients with schizophrenia has been completed, as has a project on T and B cell numbers in Huntington's Disease. A new project has been approved to examine genetic control of the metabolism of thiorazine in humans.

The Genetic Family Assessment Clinic began operation in February, 1980. Twenty-three clients have been seen. Five bi-monthly Genetic Family Assessment Clinic Case Conferences have been held, and four separate seminars for residents conducted in cooperation with Dr. Steven Targum, consultant to the Genetic Family Assessment Clinic staff and educational consultant to residents and students in the area of psychogenetics.

An information-education brochure on Genetic Mental Health Disorders has been printed and distributed to new clinical participants and within the SCDMH.

A staff member has given eight public education presentations and coordinated the Columbia Tay Sachs Screening.

Ongoing research by the Ensor Laboratory resulted in the publication of thirteen papers during the 1979-80 fiscal year. The Chief of the Ensor Laboratory presented five papers to international, national, regional, and/or local organizations.

The Ninth Annual Research Symposium entitled "Current Status of Endorphins and Opiate Antagonists in Psychiatry" was held in October, 1979. The presentation was done by speakers from all parts of the United States.

## NURSING EDUCATION PROGRAM

The Nursing Education Program was affiliated with three schools: Orangeburg Regional, York-Lancaster and Coastal Carolina during the 1979-80 fiscal year. Forty-nine students from these schools participated in the program and all passed the national accreditation examination in psychiatric nursing.

The program, in conjunction with SCDMH Staff Development and Midlands Technical College, sponsored a one day workshop entitled "State Board Jitters" which was well attended by graduate nurses and instructors from area hospitals.

## PASTORAL EDUCATION PROGRAM

Four chaplain residents and one pastoral fellow were enrolled in the 1979-80 Clinical Pastoral Residency Program.

The fifth annual "Clinical Pastoral Education in "Pilgrimage" program began on September 25, 1979, with the format of one-day-a-week for nine months for community clergy who were desirous of participating in an educational program at Hall Institute combining their full-time parish work with certified clinical education.

The ninth annual "Theology and Therapy" undergraduate clinical program at the Hall Institute was offered during January, 1980, to four undergraduate students. This clinical interim project has pre-graduate school purposes of assisting the college student in his or her understanding of mental illness, the study of the interrelationship between religion and mental health, and pre-professional reflection on religion and medicine.

There were two programs in the Hall Institute's *Continuing Education Series for Community Clergy* offered to community clergy and other pastoral workers in 1979-80. The eighth annual Pastoral Care Symposium was held on November 26, 1979, and the featured speaker was Dr. H. George Anderson, President of the Lutheran Theological Southern Seminary. The topic of the symposium was "Ministry to Today's Families," and 115 persons registered for the event. Another program offered during the year was a presentation made by Chaplain Clark A. Aist, President of the Association of Mental Health Clergy on February 20, 1980, dealing with the subject of "Mental Health Ministry." There has been a total of 34 different programs and 1,768 participants in the overall Continuing Education for Community Clergy since its inception in 1971 at the Hall Institute.

There continued to be a variety of community education services and committee participation provided by Pastoral Education Service to community groups, churches, agencies, and associations.

Four chaplain trainees started their three months of basic clinical pastoral education, June 4, 1980.

The Chief, Pastoral Education Service served during the year as Chairperson of the National Standards and Certification Committee, Association of Mental Health Clergy, as well as Chairperson of the Southeast Region, Association for Clinical Pastoral Education Service attended the Educational Conference of the National Commission for Health Certifying Agencies in New Orleans, Louisiana, December 6-8, 1979. He had a paper on "Pastoral Certification from a Developmental Perspective" published in the *Journal of Supervision and Training*, Volume 3, 1980. The Teaching Chaplain served on both the Research and Certification Committees of the Southeast Region, Association for Clinical Pastoral Education.



There were 217 community clergy, undergraduate students, and seminary students who participated in the full-time, part-time and continuing education programs of Pastoral Education Service during the 1978-79 fiscal year.

Since its beginning with an accredited clinical pastoral education program in 1967, Pastoral Education Service has conducted full-time, part-time, and continuing education programs for a total of 1,936 participants.

A goal for Pastoral Education Service is that of continuing the focus with the preventative dimensions of pastoral care as related to community resources.

### **RECREATION THERAPY INTERNSHIP PROGRAM**

During the year 1979-1980 eight Therapeutic Recreation students participated in the Recreation Therapy Internship Program. Seven of the interns participated in our twelve week program and one intern was at Hall Institute for five months. Two students from Clemson University participated in the intern program, one from Benedict College, two from Indiana University, one from the University of North Carolina-Greensboro, one from the University of Florida and one from the University of Tennessee. The University of Tennessee student was the first intern we have had from that university.

Staff participated in a number of Staff Development Workshops and also conducted workshops for the State Therapeutic Recreation Society.

### **MUSIC THERAPY INTERNSHIP PROGRAM**

Four students completed a six-month clinical internship in Music Therapy. One student accepted a job in a state hospital in Ohio, one accepted a position in music sales in South Carolina, and the other two are looking for jobs. The music therapy staff has participated in Staff Development Workshops and has been involved in presentations within the state to promote music therapy. The staff has also been involved with implementing a new Activity Assessment format to meet the requirements of JCAH. Long range plans include additional staff in order to expand coverage for the Adolescent Unit, provide coverage for the partial Hospitalization program, and expand existing programs.

### **OCCUPATIONAL THERAPY INTERNSHIP PROGRAM**

The student program in Occupational Therapy suffered the most from the continued shortage in this department. Although we have a capacity of twelve students during the year, only six affiliated at the Institute.

## **ART THERAPY INTERNSHIP PROGRAM**

The Art Therapy Program established a training contract with Vermont College during this year and had one student from that school here for a nine month internship ending in May, 1980. Another student, from Lesley College was here for a three month internship which ended in August, 1979. Currently, the Art Therapy Program is negotiating with other art therapy graduate programs to determine what length internship and what curricula would best serve the needs of their students.

## **PHARMACY TRAINING PROGRAM**

The pharmacy program at Hall Institute has continued to develop during the past year. Twenty-eight pharmacy students participated in the psychopharmacy rotation. Clinical involvement in the Resource Groups and Medication Education Groups has stabilized. However, the amount of time involved in instructional services regarding psychopharmacology has increased during the past year, as have efforts in the areas of presentations, publications, and research.

## **VOCATIONAL REHABILITATION INTERNSHIP PROGRAM**

During this past year two graduate students from the University of S. C. completed six-month clinical internships in the Vocational Rehabilitation training program. Their curriculum consisted of didactic instruction blended with the practical clinical application of psychiatric rehabilitation. Inservice education in vocational rehabilitation was emphasized as more residents were oriented to service provided by the vocational rehabilitation program. The Affiliation Agreement written last year served an instrumental purpose in strengthening the communications between the State Agency, the Hall Institute, and the University of S. C.

## **DEPARTMENT OF CLINICAL SERVICES**

The major task over the past year, facing the entire clinical staff, has been the continuing effort to meet the Consolidated Standards recently adopted by the Joint Commission on Accreditation of Hospitals. The Institute was surveyed under these new standards in October 1979 and was found to be deficient in specific areas. As a result, another survey will be carried out in October 1980 which will focus on such areas as treatment plans, progress notes, utilization review and staff credentialing.



Although there are many questions that can and have been raised as to the appropriateness of many of these new standards, the entire clinical staff is making every effort to be in compliance by the time of the next survey. Much additional time is spent in meeting documentation requirements and it can only be hoped that this does not result in a decrease in time spent with patients.

A Chief of the Outpatient Service was appointed in May 1980, and is already making changes in the intake process for both outpatient and partial hospitalization services, resulting in a considerable increase of numbers of patients evaluated and placed in appropriate treatment modalities.

Food acceptance surveys have been done periodically throughout the year by the Nutritionist. Patients are given the opportunity to make suggestions for use in planning and delivering better service of food. Nutrition has also been incorporated into the Primary Prevention Program.

### GENERAL PSYCHIATRY SERVICE

Efforts have continued to improve the quality of the Problem Oriented Psychiatric Record System since its introduction on the inpatient service in May of 1979.

The stringent requirements pertaining to documentation have worsened, as a result of the Consolidated Standards introduced by JCAH and used in their accreditation survey of the Institute in October, 1979.

The treatment teams on all inpatient units are endeavoring to maintain high standards of quality patient care while still putting more and more time and effort into meeting these and other JCAH requirements.

This Institute is the only facility in the Department of Mental Health providing electroconvulsive therapy for appropriate patients. Three of our attending psychiatrists administer electroconvulsive therapy and provide this service to other department facilities for appropriate patients following consultation or referral.

During the past fiscal year, psychiatric residents rotated through the Adult Outpatient Clinic and Partial Hospitalization Program. One psychology intern rotated in the Adult Outpatient Clinic for experience in intake of patients. Two social work students rotated in the Clinic, each following a brief treatment case of termination. A recreation therapy intern, social work student, chaplain resident and a pharmacy student rotated through the Partial Hospitalization Program for varying lengths of time. Liaison with C.O.I.L. for the Outpatient Clinic and the Partial Hospitalization Program continues to function, with the addition of C.O.I.L. staff members to Partial Hospitalization Treatment Team.

Partial Hospitalization Program made a presentation, "Cost and Clinical Implications on Three-Day per Week Partial Hospitalization Pro-

gram," at Orthopsychiatry meeting and published, "Using a Resource Group to Coordinate Discharge Plan," in *The Journal of Hospital and Community Psychiatry*.

## CHILD AND ADOLESCENT PSYCHIATRY SERVICE

The Adolescent Inpatient Service has experienced some stress since the Joint Commission on Accreditation of Hospitals survey in October, 1979. Due to interpretations of standards, many new policies and procedures have been experimented with on the Unit in regard to the main issue of "patient rights." At the current time, staff continue to initiate workable policies and procedures which will benefit the Adolescent Inpatient Unit as both a clinical service and as a training program. Also, during the past fiscal year, there have been many meetings concerning the continuation of our Day Treatment Program. At the present time, financial issues between the SCDMH and the State Department of Education have not been resolved.

Other new developments include the organization of a Children's Center Committee to investigate the feasibility of a Children's Center, not only including inpatient psychiatric care, but possibly pediatrics and other services. Participants of the Committee included staff and trainees from the SCDMH, pediatric faculty from the University of South Carolina School of Medicine, representatives from the Three Rivers Health System Agency, and representatives from the South Carolina Department of Health and Environmental Control.

A staff member visited the Child and Adolescent Outpatient Department at the University of North Carolina, Memorial Hospital, to observe the functioning of their Child and Adolescent Outpatient Service. He also visited the Child and Adolescent Outpatient Department at the University of Miami School of Medicine and spoke with Dr. James Sussex as to how their Service operates. A Screening Clinic was developed which more thoroughly evaluates intakes, and appointments are set up according to the urgency of the problem. More emergency-type screenings are being held at the present time.

## NEUROLOGY SERVICE

The transfer of one attending physician from the Neurology Service to Inpatient Psychiatry (on January 1, 1980) was associated with a moderate decline in consultations, outpatient and EEG services, with an increased inpatient census for the first time since the opening of Dix Pavilion West in January 1968.

An extensive teaching program was maintained including lectures and seminars for Residents in Psychiatry and Fellows in Child Psychiatry, as well as the Behavioral Neurology Elective and the Summer Student



Clinical Research Projects. The monthly CME programs for SCDMH physicians and special programs on Movement Disorders, Confusion in the Elderly and related topics were well attended and received favorable reviews.

Exciting new research from the Neurology Service included findings of significantly lower incidence of senile dementia in Horry County, which has naturally high levels of fluoride in the water supply. These findings received nationwide attention through newspapers, radio and television. A preliminary report appeared in DHEC's *Preventive Medicine Quarterly*. The full report will appear in *Neurotoxicology*.

As the year ended, the first senior medical students began six-week clinical neurology rotations on Dix Pavilion West.

### PSYCHOLOGY SERVICE

The personnel shortage in the Clinical Psychology Service mentioned in the previous annual report has been alleviated by the addition of a staff member who provides clinical services to the wards Dix West and Taylor East. She additionally provides clinical services to Child Psychiatry Unit, half-time.

The five Clinical Psychology Interns continue to provide clinical services in different parts of the Hall Institute and the Department of Mental Health under the direct supervision of the Staff Psychologists.

Two half-time staff members with the Hall Institute continue their training roles in the Clinical Psychology Internship Program as well as their other functions in the University of South Carolina School of Medicine.

Overall, the Clinical Psychology Service continues to function well in the areas in which it has responsibility. These are service, training, teaching, consultation, and research.

### SOCIAL WORK SERVICE

The social work staff continued to function in the dual capacities of providing clinical services and involvement in the teaching and training of students from the various disciplines trained at the Institute. Two staff members have had papers published this year in major journals and two others have made presentations at national conferences in Chicago, Illinois, and New Orleans, Louisiana. There were also seven social work trainees placed with the Department during the academic school term.

The largest program expansion this year has occurred with the participation in the development of a Family Genetics Program. Social work graduate students and two senior staff members have participated in the identification of families where mental illness may be genetically transmitted. This program has also included participation in a testing

process as well as making family assessments and providing genetic counseling at the Institute and at various sites in the State.

There have been four new social workers added to the staff during the fiscal year as a result of resignations. These staff members have been added to the inpatient units of the adult and adolescent services.

Professional growth and educational needs continue to be high priorities for staff. Staff members have participated in a variety of training programs which have included family therapy, human sexuality, assertiveness training, psychology of women, law and the practice of social work, personality disorder seminars, movement disorders and seminars on borderline and narcissistic personalities.

Social work staff continue to serve on various working committees of the Institute. A social worker has been selected as the Patients' Rights Specialist for the Institute. Social work participation on other committees include Credentials, Utilization and Review, Human Rights, Primary Prevention and Medical Audit.

It has been a year of hard work for all staff, but staff continued to be committed to the mission of the Institute to provide training while giving superior quality clinical services to the residents of South Carolina.

## NURSING SERVICE

Nursing Service has provided competent and professional care to patients as well as participate in medical and behavioral research with other disciplines.

Some units have experienced an unusually high rate of staff turnover.

## ADJUNCTIVE THERAPY SERVICE

There has been improvement in the delivery of services to patients and patient attendance. A drastic reduction in absences has been effected during the past year. We now have only 10% unexcused absences from the therapeutic programs. This has been accomplished by consistently making the patient aware of their responsibility to attend.

During the past year we instituted an assessment procedure for each patient and a new referral system. Both are working smoothly.

We have had staff changes during the year. Most have been filled except for the vacancies in Occupational Therapy. We have recruited one staff member but have no applicants for the other position. We have several applicants for the Chief's position which will be vacant July 17, 1980.

We have a need for two more Music Therapists, one more Occupational Therapist, and two more Art Therapists in order to provide more intensive treatment and expand our treatment program.



## ART THERAPY

With the increasing time demands of the new record system and treatment teams, and with the departure of the art therapy students, treatment programs have again been reduced. No art therapy students will be at the Institute during the summer, but negotiations are currently underway for the Fall and Winter semesters.

The art therapy program participated in two community events this year. The annual "Art as Therapy Exhibit" was held at the McKissick Museum in December, and in April was held at the Art Gallery of Salem College, Winston-Salem, North Carolina.

## VOCATIONAL REHABILITATION SERVICE

The Vocational Rehabilitation Service continued to provide psychiatric rehabilitation services to all sections of the Institute. Approximately 240 consultation requests were received for service which included counseling, psychometric and vocational evaluation, homemaker and independent living skills training, work adjustment training, financial assistance for vocational and college training, and assistance with job/residential placement. Institute patients continued to receive rehabilitation services from the South Carolina Opportunity School, the Dill D. Beckman Comprehensive Center, and the Green Street Rehabilitation Workshop. Two interns from the University of South Carolina's graduate program of rehabilitation counseling completed clinical internships in psychiatric rehabilitation. Another rehabilitation counselor was added to the Institute staff.

## ADMINISTRATIVE SERVICES

The Division of Administrative Services continued during the year 1979-1980 to provide excellent supportive service to the clinical, educational and research programs of the Institute.

Although the administrative function is becoming more complex and voluminous the high quality of service and production was maintained through continual upgrading of procedures and systems.

Each administrative section (Registrar, Housekeeping, Supply, Engineering, Television Section, Medical Library, Food Service) is commended for the efforts that were required to help achieve the Institute's goals.

## PROFESSIONAL LIBRARY

The Professional Library at Hall Institute is the key to any medical or allied health related educational material. The Library continues to play an extremely important role in disseminating the scientific and medical information. During this fiscal year, the Library provided many services to the patrons, nearly eighty-five searches were done for research and teaching purposes.

The major project this year was an undertaking of the nursing library which used to be in the Mills Building. The collection of nursing library is excellent and now it is part of Hall Institute which will enable a better accessibility for the SCDMH employees. All this material is also entered in the computer along with the rest of the library collection.

The Medical Librarian of Hall Institute was chosen as one of the committee members on International Symposium on GABA which was held during November 6-10, 1979, at Myrtle Beach, S. C. She is consultant to many small hospital libraries.

## G. WERBER BRYAN PSYCHIATRIC HOSPITAL

### DIRECTOR'S REPORT

For G. Werber Bryan Psychiatric Hospital, the fiscal year 1979-80 was one of continued progress towards achieving a fully operational status. The fiscal year began with BPH having 4 lodges and the Acute Care Unit operational. This was adequate to fully serve the original 11 county catchment area of the Midlands. In August, the 5th lodge (the 6th treatment unit) was opened and on October 1, 1979, BPH began to fully serve the 5 county Beaufort area. On October 22, 1979, BPH once again expanded its catchment area to also include the 3 county Charleston area. This increased BPH's catchment area to a total of 19 counties.

In December, 1979, the 7th treatment unit became operational and in February, 1980, 3 of the Pee Dee counties (Horry, Williamsburg, and Georgetown) were added to BPH's catchment area. This was shortly followed in March by adding Chesterfield, Marlboro and Dillon counties. In May, 1980, the 8th treatment unit was opened and Bryan began serving the last 3 counties of the Pee Dee area, Florence, Darlington and Marion. This brought BPH's final catchment area to a grand total of 28 of the State's 46 counties.

Reaching the fully operational status to serve 28 counties was not without its problems. The prime limiting factor in becoming fully operational, aside from the budget, was the acute shortage of nurses. The recruitment of adequate numbers of nurses remains the most serious



problem in maintaining a fully operational status. This is followed by the difficulty in retaining an adequate number of fully qualified psychiatrists.

One serious problem other than that of personnel recruitment was an inadequate number of acute care beds (in areas with seclusion rooms) for agitated and assaultive patients. This problem was alleviated by some structural modifications to a 12-bed pod in one of the lodges. This was converted to a female acute care unit thus leaving the existing 15 bed acute care unit for males. Another serious problem, that of campus security, was rectified by a perimeter fence which was installed in March, 1980.

The number of monthly admissions grew rapidly as BPH absorbed new catchment areas and relieved SCSH from these acute care admissions. In October, 1979, BPH exceeded for the first time (184 admissions) the number of admissions to SCSH (153 admissions) when the Criminal Court Unit and Children's Unit are excluded. Then, in March, 1980, BPH's admissions (235) exceeded the total number of SCSH admissions (212) including all SCSH units.

The fiscal year ended with June being the heaviest admission month in BPH's history — 265 admissions to BPH with an overflow of 40 admissions being diverted to SCSH. This raises a problem to be solved in the 1980-81 fiscal year. This can likely be solved by the more chronic patients with multiple, revolving-door admissions being directly admitted to SCSH and BPH handling the acute care admissions.

BPH's average length of patient stay during the 1979-80 fiscal year was about 22 days. About 7% of total admissions were transferred to SCSH for longer term chronic care.

As fiscal year 1980-81 begins, BPH's goals will be to consolidate, stabilize, and maintain the progress made while fine-tuning the entire system and establishing a data base for rational planning.

## CLINICAL SERVICES

### *Nursing Service*

Total number of licensed nurses at Bryan Psychiatric Hospital is now 68 which is an increase of 10 since last year. Three additional lodges have been opened within the year.

An admission team has been started and plans for expansion are underway. There are approximately 250-275 admissions per month presently as opposed to 180 admissions per month last year.

Expansion is also planned for the Escort Team. Approximately 235 patients are transported to court hearings/examinations each month and an additional 130 trips to clinics and other hospitals.

Due to the increased number of acute patients and the rapid turnover of patients, more inservice in dealing with this type of patient has been emphasized. Additional courses in Prevention and Management of Aggressive Behavior, crisis intervention, CPR, and rapid tranquilization have been offered. Orientation program for new employees has also been lengthened. Leadership skills courses are provided to new nurses to help them become more confident in their role.

Special attention has been given to Quality Assurance and JCAH Standards. Additional programs on documentation and treatment teams have been offered.

Activity Therapy and Nursing Service have continued to work together to provide therapeutic treatment programs for the patients beginning early on their admission. More nursing staff are able to provide groups within their treatment program.

Student nurses from the University of S. C. will begin receiving their psychiatric training experience at BPH early next fiscal year.

#### *Activity Therapy Service*

The Activity Therapy Service continues to provide a wide range of therapeutic activities, seven days a week, from 8:30 a.m. to 9:00 p.m., including holidays. Services provided with Activity Therapy Service consists of Occupational Therapy, Music Therapy, Art Therapy, Recreation Therapy, Cosmetology, Patient and Professional Libraries.

Groups conducted during the year include weight lifting, jogging, gardening, progressive relaxation, music therapy, music appreciation, movement/exercise, leathercraft, woodworking, ceramics, aquatics, socialization, hostility/aggression, self-awareness, leisure counseling, sports and exercises.

Activities conducted between 8:30 a.m. and 5:00 p.m. are goal oriented and recommended for the patients by their treatment teams. Between 6:00 p.m. and 9:00 p.m. during the week, all day on weekends and holidays, constructive activities are provided, which the patients are responsible for selecting and attending.

Approximately 85 Activity Therapy Service groups and activities are offered each week for each lodge. Attendance and participation have been exceptional, primarily due to the therapeutic milieu in which all services work closely together to insure that patients do attend their scheduled groups.

During the year, 8,270 patients were recommended by treatment teams for enrollment in groups offered within the day program. 31,735 patients participated in activities offered in the evening, holiday and weekend program.

Occupational Therapy now has two clinic areas in full operation and has increased their media to include woodworking and ceramics.



Music Therapy continues to provide a wide range of therapeutic groups and music for Sunday Worship Services. Musical instruments were made available for patients' use, as were record players and albums.

A registered Art Therapist provided Art Therapy groups for the entire hospital.

Recreation Therapy continues to provide a very large number of groups in the pool, gym, gameroom and Assembly Hall areas. Development of a physical fitness trail has complimented the jogging program.

Two Cosmetology Shops are now open and fully operational. Instructing patients in good grooming skills has proven very beneficial.

Patient and Professional Libraries use increased sharply with the opening of additional lodges. Activity Therapy Staff open the library often at night and during weekends, to provide for additional utilization in this area.

### *Psychology Service*

Psychology Service has been involved in a state-wide audit of psychology positions for the past year and a half. This has severely curtailed the growth of staff. Continued efforts, however, were made to upgrade staff positions and allotments. As of July 1, 1980, the Psychology Service consisted of three Ph.D. level Clinical Psychologists, one M.A. Clinical Psychologist, one licensed Ph.D. Chief Psychologist and a B.A. level Psychometric Test Technician.

During the year the Psychology staff provided over 550 individual therapy contacts, over 590 groups, 80 marital or family sessions, 1,540 initial interviews, and 200 psychological evaluations. They have had approximately 7,000 contacts with patients during the 3,000 hours spent in direct service, which yields over 6,000 patient contact hours.

Although the department was without a Psychological Test Technician for over two months, a total of 150 psychological screenings were completed which saved the Clinical Psychologists over 450 hours.

Efforts at program evaluation were continued and the results from the prior year were presented which indicated overwhelming treatment success.

Psychology staff continued their professional growth by individual academic pursuits and attendance at workshops. There were also a number of inservice training opportunities offered to other departmental employees by the Psychology Service.

### *Social Work Service*

Social Work staffing increased during fiscal year 1979-80 from eleven to fourteen workers in order to respond to increased patient admissions and a larger geographical service area. Well over 2,000 patients were provided a broad range of social work services during the past fiscal year

as compared to less than 1,000 patients during fiscal year 1978-79. After hours coverage from 5:00 p.m. to 8:00 p.m. on weekdays has continued throughout the past fiscal year. The flexibility and accessibility to social work services made possible by this rotating coverage has continued to prove beneficial to families of patients who are unable to come to the hospital during the regular work hours.

The larger geographical area assigned to BPH during 1979-80 greatly expanded the scope of liaison/referral activities for all social workers. However, many positive steps were taken during the fiscal year to improve pre-discharge planning, referrals, and continuity of care activities. More social workers have been assigned to function as principal liaisons with the various mental health center areas, Memoranda of Agreement have been initiated and developed in most of the mental health center areas served by BPH, and two of the largest mental health centers have begun weekly pre-discharge planning at the hospital including preliminary intakes and mental health center orientation groups. Hospital workers have been regularly involved in community meetings designed to improve professional communication, increase the knowledge of available resources, and to plan appropriately for patients returning from the hospital to the community. Although it has not been feasible during the past fiscal year, the social work staff continues to feel that the geographical assignment of patients at BPH would enhance the quality and effectiveness of pre-discharge planning, referrals and related linkage activities to all of the service areas.

Social work staff members have attended a large number of relevant staff development training programs, as well as, seminars and workshops to broaden their professional skills and abilities during the past fiscal year. This has occurred in spite of the increased work pressures and responsibilities.

During the coming fiscal year we hope to put more emphasis on socio-cultural assessments, aftercare plans, and quality assurance activities. We anticipate that the recent assignment of several secretarial personnel to Social Work Service will also prove to be of significant help in the establishment of a more efficient and effective social work delivery system during the coming fiscal year.

#### *Community and Patient Relations Service*

As Bryan Hospital expanded its catchment area from eleven counties to twenty-eight during 1979-1980 fiscal year, the linkage activities of the Community and Patient Relations Office increased accordingly. The major activities centered around evaluating the linkage processes contained in the Memoranda of Agreement with the original five mental health centers and developing initial agreements with the new five centers. At the end of the fiscal year, Agreements were either developed



or in the process of being developed with all ten of the mental health centers.

A major goal of the Community Relations Office has been to increase public awareness and sensitivity to the needs of the mentally ill and to explain Bryan's role in providing mental health services to an expanding catchment area. This has been facilitated through the development and dissemination of various publications, in-house tours, and community presentations.

During the past year, twelve issues of the Village Voice were published with an outside mailing which included every mental health center, Mental Health Association, and Judge of Probate within the hospital's service area. It was additionally necessary to rewrite, publish and distribute the informational brochure, "Bryan Hospital, A New Direction". Nearly a thousand copies of the brochure have been distributed since November, 1979. In addition to the hospital brochure, an information sheet for patients and their families has been reprinted several times for distribution to various mental health center areas.

Thirty-five tours of the facility were conducted for a variety of groups including Mental Health Association groups; mental health center staff; technical and high school groups; medical students; and representatives from the State Ombudsman's Office, Three Rivers Health Planning, and the Protection and Advisory Offices. In addition, five presentations on the hospital were made to various community groups.

The facility's program to insure Patient Rights continued to develop over the year. In conjunction with this, the Humanization Committee composed of facility and community representatives, met monthly to consider humanization issues. In addition, opportunities are regularly provided for individuals within and outside the facility to voice concerns, complaints or observations relating to humane issues.

The major activities of the three components under the Community and Patient Relations Service are reported as follows:

#### *Volunteer Service:*

Throughout the fiscal year 1979-80, Bryan's Volunteer Service, operating under the Community Relations Office, continued to encourage community participation and integration of community resources in hospital programs. Forty regular service volunteers were recruited to work in one of nine different positions including the Community Companion Program, contributing 3,337 hours of service. Volunteer groups contributed an additional 522 hours, 264 of which were contributed by volunteers from Fort Jackson, who constructed an Activity Trail for patients. In addition to 3,859 hours of manpower, Bryan received a considerable amount of cash and material contributions in the 1979-80 fiscal year.

### *Chaplaincy Service:*

The Chaplaincy Department with one full-time Chaplain and two part-time Chaplains provide religious coverage to all the patients at Bryan Hospital. The services provided include worship every Sunday morning, meeting with every new patient in a group to explain Chaplaincy Services, and leading with other disciplines various groups such as Religious Discussion, Communication, Assertiveness and Group Therapy.

The Chaplains take referrals from treatment teams and other sources to make individual patient contact, and to give pastoral counseling. The clergy on staff provide spiritual and pastoral care to patients and employees when needed.

### *Vocational Rehabilitation:*

Vocational Rehabilitation began serving patients at Bryan Hospital on a part-time basis in March, 1978, with one counselor working out of the Vocational Rehabilitation office at Crafts-Farrow State Hospital. In July of 1979, that counselor was assigned to Bryan Hospital on a full-time basis, but continued to work from the Crafts-Farrow office. In December, 1979, office space was made available at Bryan and a staff of two Counselors, two Casework Assistants and two Rehabilitation Assistants began providing a full complement of Vocational Rehabilitation services to Bryan patients.

The following services are presently available to all Bryan patients found eligible for Vocational Rehabilitation: Vocational counseling, guidance, vocational assessment, vocational planning, job placement and follow-up. In addition to the above named services which are provided by the Vocational Rehabilitation team at Bryan, many ancillary resources outside the hospital are utilized, as appropriate, to enhance the rehabilitation process. Close coordination is maintained between the Vocational Rehabilitation office at Bryan and the Vocational Rehabilitation Area Offices to assure continuity between the hospital and the community.

During the past year the Vocational Rehabilitation staff interviewed 765 referrals, 35% of the total hospital admissions; of the 765 referrals, 315 or 41% were found eligible for Vocational Rehabilitation services. One-hundred ninety-four cases were transferred to Vocational Rehabilitation field counselors in area offices across the State for follow-up Vocational Rehabilitation services in their home community. One-hundred twenty-one clients who remained in the greater Columbia area received follow-up services through the Vocational Rehabilitation office at Bryan Hospital. Vocational Rehabilitation at Bryan Hospital sponsored 16 clients in various training and educational programs. Through the efforts of the facility, 39 clients have been successfully rehabilitated at an average cost of \$110 per rehabilitant.



## ADMINISTRATIVE AND SUPPORT SERVICES

### *Medical Administrative Service*

*Admissions and Dispositions:* During the fiscal year we have experienced severe growing pains in all areas of our service. Our catchment area has expanded and now consists of a total of 28 counties. The increased number of admissions and number of dispositions along with an average length of stay of less than 25 days has necessitated reevaluation of our operational needs such as staffing and work space requirements.

#### Total Number of Admissions:

Emergency .....	1,896
Voluntary .....	280
Judicial .....	25
Total .....	2,201

#### Total Number of Dispositions:

Discharged Voluntarily .....	278
Court Dismissals Emergency .....	1,080
Discharged Regularly .....	575
LWOP .....	29
Transfers .....	171
Total .....	2,133

Trips to the community for court ordered examinations and hearings still generate many problems which must be dealt with daily. However, we have had some success with several counties in arranging for the examinations and hearings to be held here at the hospital, especially for patients who cannot travel. Also, more counties have begun to have the examinations and hearings on the same day.

At present, of our assigned 28 counties — 22 have the examination and hearing on the same day; 5 still require 2 trips for examination and hearing; 1 appoints examiners and attorneys in the Columbia area and come to the hospital for the hearing.

### *Cashier/Post Office:*

We have experienced a tremendous increase in the volume of work and the amount of cash transactions. The new procedure reported last year continues to work very well and has required only minor refinement.

### *Medical Records:*

Space is still one of our major problems in the Medical Records area. With the increase in admissions and dispositions there is not sufficient space for storage of records. Some additional staff have been added and more will probably be needed. We have established temporary ar-

rangements for physicians' dictating area and we hope to be able to improve this service soon.

#### *Word Processing Center:*

The workload in the Word Processing Center at Bryan Psychiatric Hospital has more than doubled in the last fiscal year due to the increase in our catchment area. We are also kept very busy handling priority Pre-Hearing Notes which must accompany each patient to their hearing in the Probate Courts. The average medical transcriptionist in Word Processing is required to transcribe a minimum of 80 minutes of dictation per day in order for us to stay current and within the guidelines established by our Guide to Medical Records.

#### *Materials Management Service*

The Materials Management Service has the responsibility for the procurement of materials and equipment. Additionally, this Service is responsible for the management of the Housekeeping Section, the Linen Control Section and the Canteen Operations.

During the fiscal year improvements were made in the operation of all of these components. A number of systems change were to improve the range and quality of services provided in support of treatment programs and services.

After considerable planning a canteen for patients and employees was opened on November 16, 1979. A fairly wide range of items, including sandwiches and other food items are sold in the Canteen. The volume of sales in the Canteen has continued to increase over recent months.

The major problem of the Materials Management Service is adequate space for operations. The Housekeeping Section in particular has difficulty storing supplies and equipment necessary for its functions.

#### *Dietetics and Food Service*

This service provides both regular and therapeutic menus to meet the nutritional needs of patients. An average of 200 patients per meal were being fed daily at the close of the fiscal year. With the increase in the cost of employee meals, the number of employees taking meals has decreased over the past year.

The Dietetics and Food Service received favorable reports from S. C. Department of Health and Environmental Control inspection personnel during the year. Recommendations made during site surveys have been implemented.

#### *Maintenance and Utilities Service*

During the year a number of special projects were completed by this Service in addition to the routine and preventive maintenance programs which are in effect. A number of these projects were concerned with the development and maintenance of a safe environment for patients and



employees. Sidewalks, steps and retaining walls were constructed adjacent to the Admissions-Administration Building. Safety rails were installed on the ramp at the cafeteria. The undergrowth in wooded areas adjacent to the campus were cleared and fencing was installed to enclose open areas under perimeter fence installed by a contractor. Additional emergency call devices were installed on lodges.

Other projects included replacing carpet in one pod of Lodge H. Additionally, a nursing station was constructed and other improvements were made in order to establish an acute care unit for women.

The number of maintenance calls has increased considerably with the increasing number of patients. Some problems, primarily leaking rooms, which have existed since construction was completed, were repaired. There are still some leaks in a number of different locations.

#### *Safety and Protective Service*

This Service is currently involved in providing a variety of duties associated with law enforcement and fire and safety requirements for this facility. This two-fold operation not only insures that buildings are secured but also allows checks for potential fire and safety hazards. Fortunately, we did not experience any type of fire during the fiscal year.

This office averages approximately 280 calls for assistance and spends approximately 300 hours per month in answering these calls. After normal work hours we also provide emergency transportation for patients and staff. Our current staffing pattern has provided us with a safe and secure place for patients, staff, and the general public.

#### *Pharmacy Service*

The Department of Pharmacy Services has strived and succeeded during the past fiscal year to utilize its professional personnel and available physical structure to the maximum potential. This arrangement has enabled the Pharmacy Service to provide patient-oriented clinical pharmacy services to our patients, physicians and nurses. These services which involve considerable professional time include review of physician medication orders, patient drug profiles, drug information to physicians and nurses, medication counseling groups, monthly psychopharmacology lectures for new nursing and other health care personnel, assisting nursing inservice with staff development programs involving drug therapy, active participation on clinical committees, developing a hospital drug formulary, etc. These professional services and an effective drug distribution system were performed within the allowed economic restraints.

Bryan Hospital Pharmacy Services reviewed 39,209 physician medication orders to ensure effective drug therapy, proper dosage ranges and routes of administration, and to investigate potential untoward reactions

involving medications. All of the above orders were profiled for monitoring as a patient's drug regimen progressed. The BPH Pharmacy processed 1,300 bulk drug requisitions which involved 4,656 types of requests for medications for lodge use. The BPH Pharmacy dispensed 4,422 items for individual patients for in-house use. We processed 1,566 controlled drug requisitions and dispensed 1,881 discharge prescriptions. Clinical Pharmacy Services included the counseling of approximately 1,100 patients about their drug regimens, medication compliance and the effects of alcohol and illicit drug abuse with psychotherapeutic medications. The Pharmacy reviewed daily lab work, including serum lithium levels and culture and sensitivity results for proper antibiotic therapy.

## **C. M. TUCKER JR. HUMAN RESOURCES CENTER**

Fiscal Year 1979-1980 was a full and eventful year at Tucker Center. The Center was successful in continuing to provide the highest quality of long term care services for our patients.

In addition to the annual licensure and certification inspections by the S. C. Department of Health and Environmental Control in March, 1980, the Center was surveyed by the Long Term Care division of the Joint Commission on Accreditation of Hospitals. This survey resulted in a two year accreditation with minimal recommendations. Late in the year the E. Roy Stone, Jr. Veterans Pavilion was visited by an audit team from the Governmental Accounting Office. This team's purpose was to study the care and treatment and reimbursement mechanism for eligible veterans.

Another highlight of this year was the concerted effort on the part of Tucker Center and the Department of Mental Health in the planning for the soon to be constructed 308 bed Intermediate Care Facility. All departments at Tucker Center were involved in planning and equipping this new facility. During this year the required Certificate of Need for construction was obtained from the Three Rivers Health Systems Agency.

Professional Services department of Tucker Center continued to operate under the direction of a full time Director of Professional Services. The theme of Professional Services continued to be that Tucker Center would provide the highest quality of long term care and treatment possible. The continuation of this theme was made possible by the various professional services components, being staffed by three full time Physicians and a board certified Psychiatrist Consultant with availability of other consulting specialists. The Nursing Service department was also improved during the year with the addition of 33 new Mental Health Specialist positions. These positions were necessary in order that



Tucker Center meet Licensure and Certification requirements.

The Administrative Services section continued throughout the year to improve its delivery of services in support of the Professional Services departments.

One of the major accomplishments of this year was made in order to meet the Joint Commission on Accreditation of Hospitals standards which require an Administrative Manual. This manual was assembled and made available to all departments and employees of Tucker Center.

## **ADMINISTRATIVE SERVICES**

During this year the Administrative Services components acted to insure that the facility operate in conformity with the Department of Mental Health Policies and Procedures through expenditures and reimbursement review, budget preparation and monitoring of personnel actions. The Administrative Services components continued to support and cooperate with Professional Services in order that Tucker Center could provide the highest quality of care and treatment to its patients.

## **FOOD SERVICE**

The Food Service department operated smoothly during the past year. The goal of this department has been to provide wholesome and attractive meals to patients and employees and to maintain good nutritional status for all patients. This goal was accomplished through the efforts and cooperation of the entire Food Service staff.

The facility Nutritionist worked closely with all other Nutritionists of the SCDMH in coordinating workshops and revising diet manuals. The Nutritionist served as a member of the Committee on the Role of Nutrition in Primary Prevention which was established in May, 1980.

During the fiscal year a number of personnel changes were accomplished. Two regular employees required hospitalization and extended leave due to illness creating a personnel shortage which was relieved by acquiring temporary employees from the CETA Program. There were also several vacancies created by resignations or terminations which were filled expeditiously by the personnel department of the Department of Mental Health. In the coming year the Food Service department will continue to upgrade its service to patients and staff.

## **MAINTENANCE AND ENGINEERING**

A number of projects as well as ongoing maintenance were completed during the year. Painting was completed on all wards of the Stone Veterans Pavilion. Extensive roof repairs were performed on both the Stone Veterans Pavilion and the Fewell Pavilion roofs.

The ground maintenance section planted shrubbery in the courtyards of the Stone Pavilion and constructed two new planters on the front walkway of the Stone Pavilion. The beauty of Tucker Center campus was maintained by daily up keep and maintenance of shrubbery and lawns. Wheelchair ramps were formed and poured in necessary areas so as to provide movement about the Tucker Center Campus for those patients confined to wheelchairs.

### REGISTRAR SERVICES

Registrar Services patient activity this year included 114 admissions, 61 discharges and 41 deaths. Total days service to patients were 100,657, average daily population 275.8 with a daily occupancy of 92%

Admission, discharge and diagnostic computer forms were revised to allow additional patient history to be computerized. The chart ID and summary sheets were updated to accommodate all medical insurance claim numbers. The Registrar Services department participated in all inspections and surveys as well as a study on time use in documentation in medical charts.

Accredited personnel attended one annual and two semi-annual educational meetings of the South Carolina Medical Records Association. The staff participated in a number of workshops, in an ongoing effort to upgrade services, personal skills and keep abreast of current happenings.

### SUPPLY AND SERVICES

During the year the Supply and Services department provided the necessary support to the Tucker Center. Continued improvement of Support Services has been the department's goal throughout the year. The Supply section was successful in having the furniture from the day rooms and TV rooms refinished and reupholstered by the prison industries. This resulted in a more pleasant atmosphere for the patients.

The evening shift in the housekeeping department continued to provide a much needed service. This shift addition has improved the overall appearance of Tucker Center. The laundry staff and equipment continued to provide the clean linens necessary to operate Tucker Center. A new type gown was tried and accepted by the staff. This gown was equipped with ties rather than snaps. The availability of linen items at times created problems in providing the necessary requirements to direct patient care services.

The Transportation section continued to provide services to all sections. There was an increase in the number of patients requiring transportation at a given time to clinics. This was in some cases hard to cope with but was accomplished through efforts of all services involved.



As in the previous year two students from the Commission for the Blind worked in the Supply and Services department. They were very well received and made a real contribution to Tucker Center.

The goal for the coming year for this department is to continue improving services in order to make Tucker Center a better place to live and work.

## **PUBLIC SAFETY**

The Public Safety department completed its second full year of operation with a total staff of five officers and a department chief.

During the cold winter months of February and March when the ice and snow storm came, the Campus Police Officers did an outstanding job in supplying transportation for Nursing Service, Housekeeping, Food Service, and some Administrative personnel in order that they could come to work and provide care for our patients. All officers attended classes at the Criminal Justice Academy during the year. These classes are very beneficial in keeping our officers abreast of new trends and developments in the area of facility security. The Public Safety department has been very beneficial in making Tucker Center a safe and secure place for our patients and staff to live and work.

## **PROFESSIONAL SERVICES**

During the Fiscal Year 1979-1980 routine services were provided under the supervision of the Director of Professional Services. There were no major changes in the medical services effected during the year. The Medical Services continued to be staffed by three full-time physicians and a board certified Psychiatrist Consultant with availability of other consulting specialists from the other facilities of the SCDMH. Tucker Center Professional Services components include: Nursing Service, Physical Therapy, Occupational Therapy, Activities Therapy, Social Services, Chaplaincy, Volunteer Services, Speech and Hearing Therapy, Music Therapy, and Quality Assurance Services. A Clinical Social Worker Consultant continues to work with our Social Workers on a regular basis.

The Professional Services Department experienced two title changes and one additional employee during the year. The Music Therapy Specialist was reclassified to a Recreation Specialist and the Volunteer Services Coordinator was reclassified to Director of Volunteer Services. A part-time Staff Nurse was transferred from Nursing Service to Professional Services to assist the Quality Assurance Coordinator in maintaining and updating the Quality Assurance Program.

The Director of Professional Services has been very busy with program and staffing needs for the new 308 bed ICF facility which is being

designed. The Director of Professional Services attended numerous meetings concerning the construction and completion of this new facility.

The goals of the Professional Services Department for the coming year are to continue to update and modernize equipment and treatment plans so as to provide the best health care and treatment program available to the citizens of South Carolina.

## NURSING SERVICE

Fiscal year 79-80 saw Nursing Service involved in acquiring and filling 33 new Mental Health Specialist positions. These positions were instrumental in helping Nursing Service achieve its goal of upgrading the quality of care and treatment given to patients.

Within the past year the multi-phased inservice education program was continued. During this time 22 Mental Health Specialist I's successfully completed basic inservice training. Continuing education programs for the various levels of nursing personnel were offered monthly. During this time there were 20 Registered Nurses, 13 Licensed Practical Nurses, 38 Mental Health Specialist III's, 10 Mental Health Specialist II's, and 32 Mental Health Specialist I's taking advantage of the Inservice Education program offerings.

The course "Planning for Patient Care" which is part of orientation for all professional staff was offered continually during the year.

Clinical experience was provided for 65 nursing students from the University of South Carolina College of Nursing and 18 Practical Nursing Students from Richland School District I Practical Nursing Program.

Nursing Service is now in the beginning process of developing and revising nursing care standards in accord with the Joint Commission on Accreditation of Hospitals Quality Assurance Guidelines. The goal of the nursing service for the year 1980-81 is to develop and implement these quality assurance guidelines.

## ACTIVITY THERAPY

During this year the Activity Therapy Department has made several positive changes. In addition to maintaining many on-going activities, new activities were added to make for better patient services.

Activities that remained in tact were weekly movie sessions on the ward, Friday night dances at the S. C. State Hospital and weekly dining out trips to Morrison's Cafeteria. Among the new activities offered during the year were feature-length movies at local theaters, monthly meetings of the Federation for the Blind, monthly exchange programs for bingo games with the Richland County Convalescent Home, and



voter registration for all patients who were interested in registering and voting.

During this year the Activity Therapy Department participated in or sponsored the following seasonal activities: The Annual Chitling Strut at Salley; an annual Thanksgiving dinner in each pavilion; a Halloween party for all residents; the Ringling Brothers/Barnum and Bailey Circus; the South Carolina State Fair; the annual air show at Sumter Air Force Base; an annual trip to the Riverbanks Zoo; and on campus, the K-9 dog show from Fort Jackson.

Affiliation with Benedict College and its recreation therapy program continued throughout the year. During the year, five student interns from Benedict College completed their internship programs at Tucker Center.

The Activity Therapy Department employed two new staff members during the year. These staff members were placed in the Fewell Pavilion to provide activities for patients living there.

Plans for the coming year include maintaining existing programs and placing attention on sponsoring more on-campus activities for both large and small groups.

## OCCUPATIONAL THERAPY

During Fiscal Year 79-80, the Occupational Therapy Department started several new groups. Included in these new groups were a Reality Orientation group and a garden group for the Fewell Pavilion patients. Plans are presently being made to begin a Reality Orientation group using music in conjunction with the Music Therapy Department.

Special activities for patients receiving Occupational Therapy during this year included: Thanksgiving dinner for the Occupational Therapy group consisting of patients from Fewell and Stone Pavilions and additional sessions were held for the Speciality Group to prepare for the Christmas Bazaar. The Occupational Therapy staff assisted Activity Therapy in escorting patients to the South Carolina State Fair. A Christmas Bazaar was held on December 18, 1979, featuring items that had been made by the patients. A South Carolina Electric and Gas Company Home Economist presented a demonstration on using a Wok and making crepes. The Occupational Therapy Department also sponsored several picnics and bus rides for patients from both Fewell and Stone Pavilions.

The Occupational Therapy staff continued to keep abreast of new trends and ideas in the area by attending workshops on related topics and subjects.

During the past year, the Occupational Therapy Department had three student volunteers who helped in patient activities. Nursing students from the University of South Carolina also participated in

patient groups during the year. The Occupational Therapist participated in Nursing Inservice programs explaining the various patient groups within the Occupational Therapy Department.

### **PASTORAL CARE**

Pastoral Care Service has operated well during this year. The service continued to be staffed by a full-time Clinical Chaplain with worship opportunities provided to all faiths. Pastoral Care continued to maintain its high level of service to the patients of Tucker Center.

The Chaplain was involved in a number of pastoral activities this year. There were 151 Chapel services and masses held, 1,248 Treatment Team visits and reviews made, 48 Religious Discussion Group sessions conducted, 468 pastoral counseling sessions held as assigned by the Treatment Staff. Furthermore, the Chaplain made many other ward visits, held other counseling sessions, saw all residents twice upon admission, and notified the home pastor of the patient's admission where approved (written permission secured in each case).

The Pastoral Care Service began formulating a Pastoral Services Committee to be made up of staff and community persons. The purpose of this committee will be to review policies and programs and to advise the Chaplain on these matters to perform needed tasks and to give the Chaplain needed support. During the coming year the Pastoral Care Department hopes to accomplish a closer working relationship with the patients, their family members and employees of Tucker Center.

### **PHYSICAL THERAPY DEPARTMENT**

As indicated by statistics of this past fiscal year, the Physical Therapy Department has been very busy. Once again, this department has provided more treatments this year than in any other fiscal year since the department reopened in 1974. A total of 3,849 treatments were provided this year compared to 3,720 treatments given in the Fiscal Year 78-79; 3,592 treatments given in Fiscal Year 77-78; and 3,126 treatments given in Fiscal Year 76-77. As the number of treatments has risen, so has the number of referrals and the number of missed treatments. The total number of patient referrals (84) and discharges (72) exceeded the previous year. Seventy-three patients at Tucker Center received physical therapy during this year.

There were several new events in the Physical Therapy Department this past fiscal year. During the early spring, for the first time a Physical Therapy student from the Medical University of South Carolina spent six weeks internship in the department. Also, for the first time a student from the Health Education Program at the University of South Carolina did part of their training in the department two afternoons a week for the



fall semester. The Infection Control Procedures for the Physical Therapy Department were revised during the year as was the Physical Therapy Procedure Manual. No new major equipment purchases were made during the year.

Paperwork demands increased during the year. In addition to writing initial evaluations and discharge summaries, each patient receiving physical therapy has a Progress Summary written fourteen days after initiation of therapy, a Progress Summary done every thirty days, and a follow-up report thirty days after being discontinued from Physical Therapy. This documentation is performed by the Physical Therapist. Daily notations in the patient's hanging chart on the skilled care ward are done by all members of the Physical Therapy staff. Administrative reports, writing patient care standards, revisions of the Physical Therapy Procedure Manual, and writing audit criteria are accomplished by the Physical Therapist. The reduction in committee responsibilities has helped to provide more time in which to accomplish the added paperwork.

Goals for the Physical Therapy Department for the next fiscal year include: Acquiring and using a bio-feedback unit for Physical Therapy neurological patients; providing, in cooperation with Nursing Inservice Education, rehabilitative nursing classes and ward instruction sessions in prevention and good health maintenance practices; participation in Patient Care Audit studies, updating the Physical Therapy Procedure Manual and writing patient care standards for the Physical Therapy Service. It is hoped that the Physical Therapy Department can continue to be as productive as it has been in the past fiscal year.

## MUSIC THERAPY

The Music Therapy Department at Tucker Center completed its first full year of service with activities being held involving 104 patients. During the year, sing-a-longs, chapel choir, and blind patient listening groups were held on a regular basis in both Stone and Fewell Pavilions. An Art/Music appreciation group was held in Fewell Pavilion in conjunction with the Activity Therapy Department. Assistance was also given to the Volunteer Services Director with visiting music groups. During the year, there were four patients assigned to Music Therapy for individual therapy. Music was also supplied for all Sunday Worship Services as well as five special Worship Services. An inservice on Music Therapy was presented for Nursing Service. Four small orientation sessions were given to the R.N. and LPN students.

During the year, several new equipment purchases were made. However, the major equipment purchase of the year was an Allen 120 Organ which was purchased with funds coming from the Karen Kurim-

cak Fund. A recital and dedication program for the Allen 120 Organ was held in January. Policies and procedures for the department were written and distributed to the Administrator and Director of Professional Services during the year.

Plans for the coming year are to upgrade and improve services where possible to enhance the lives of those entrusted to our care.

### **SOCIAL SERVICES**

The primary thrust of the Social Service Program during the year was to provide patients and their families with services which would enable them to adjust to and deal with the social, emotional and financial impact of the patients' illnesses and necessary nursing home admission. Such services included pre-admission counseling, developing social histories, conducting admission interviews, providing on-going counseling with patients and family members and when appropriate, initiating and carrying out discharge planning. This included not only counseling with the patient and family but liaison contacts with various community agencies so that optimum aftercare plans could be made for the patient who is returning to the community.

The Social Services Policies and Procedures Manual was reviewed and updated by the Social Work staff. The format of admission notes and annual Social Service notes were changed to better comply with the new standards set by the Joint Commission on Accreditation of Hospitals.

Social Workers continued to upgrade their professional competency through participation in various facility and departmental inservice training programs. The Social Workers also participated in inservice training programs with Nursing Service and in addition participated in the orientation of student nurses. The Social Work Service took part in a joint Level of Care needs survey with the Crafts-Farrow State Hospital. The purpose of this survey was to provide the Three Rivers Health Systems Agency with data needed for a Certificate of Need for the new 308 ICF beds to be constructed at Tucker Center. The Social Workers continue to participate in monthly meetings with the Social Work Consultant. These meetings have proven to be very beneficial to the upgrading of the Social Work Department and Tucker Center.

### **VOLUNTEER SERVICES**

During Fiscal Year 1979-1980 there were volunteers working in Recreational Therapy, Music Therapy, Chaplaincy, Occupational Therapy and Volunteer Service programs. Twenty-seven individual volunteers worked during this period including students from the University of South Carolina and local colleges. At the present time there are fourteen



active individual volunteers and twelve active volunteer groups. During the year, individual volunteers gave a total of 1,274 volunteer hours and groups gave a total of 1,250 hours. There were sixty-one special activities held this past fiscal year.

There were 101 donations made this year from individuals, groups and businesses, including \$548.00. This did not include the daily donations of donuts from a local donut shop.

The Director of Volunteer Services performed the routine work of contacting businesses and individuals to work or make donations, correspondence, recordkeeping, orienting new volunteers, and charting on patients seen individually by volunteers. The Director was also present at all parties and group activities, spent some time with each individual volunteer, held monthly birthday parties, and picked up donations.

The Director of Volunteer Services assembled a Volunteer Handbook and also prepared individual folders for all volunteers. These folders include job descriptions, job assignments, applications, progress reports and health cards, and any other pertinent information.

The Director of Volunteer Services participated in various meetings and workshops during the year including the Voluntary Action Center's Annual Luncheon for Outstanding Volunteer of the Midlands. The Director also attended the Mid-Carolina Mental Health Association Volunteer Services Committee meetings throughout the year.

## SPEECH AND HEARING SERVICES

A total of twenty-four patients were seen by Speech Therapy for evaluation and/or therapy for speech and/or language disorders this past year. The present caseload receiving speech and hearing therapy is eighteen.

A portable Audiometer was purchased for the primary purpose of screening all new admissions to Tucker Center. However, all patients in need of testing are being tested with this new equipment.

Five inservice training sessions were conducted during the year concentrating on do's and don'ts for communicating with patients having speech and/or hearing problems most prevalent in the geriatric population. These inservice training sessions were held for four different groups of Mental Health Specialists and one group of Nurses.

This fiscal year saw the second full year of operation of the Speech and Hearing Therapy Department. This program has and will continue to greatly supplement the care and treatment services provided Tucker Center patients.

## QUALITY ASSURANCE

The role of the Quality Assurance Coordinator has increased during the year with the increased emphasis by the Joint Commission on Accreditation of Hospitals on quality assurance programs. At present there is one full-time and one part-time registered nurse staffing this service.

The Quality Assurance Coordinator chairs the Patient Care Audit Committee which has been in operation for one year. The Patient Care Audit Committee has accomplished two studies during the year, "Documentation in the Patient's Record" and "Admission Assessment". Both studies were very revealing and indicated areas in which emphasis needed to be placed. The Patient Care Audit Committee also decided that each department should write their own standard of care according to the JCAH standards in the Long Term Care Manual. These standards will be sent to the Audit Committee for approval.

Pre-admission review is conducted on all new admissions by this office. The Quality Assurance Coordinator participates in the Veterans Administration screening which is held monthly. This service also participates with PSRO in screening and determining levels of care for Tucker Center patients.

Objectives for the coming year mainly focus on Patient Care Audit Committee functions and developing an acceptable Quality Assurance Program for Tucker Center.

## DIVISION OF COMMUNITY MENTAL HEALTH SERVICES

During FY 1979-80, improved organization, management and delivery of community mental health services throughout the state continued to have top priority. Two additional community programs (Waccamaw Center for Mental Health and Tri-County Mental Health Center) attained comprehensive status making a total of fourteen comprehensive community mental health centers in the state's sixteen catchment areas. Lexington County began clinic services on July 1, 1979, and Aiken-Barnwell received approval of its federal comprehensive grant award to begin July 1, 1980. Active efforts are underway to designate Berkeley County as an additional separate catchment area. Pickens and Oconee Counties are exploring catchment area status as well.

Consultation and liaison with Center Boards, standards audits, site reviews, grant reviews, statewide Board training, and a variety of staff training activities were carried out this year. Emphasis continued in the development of court screening programs. These institutional avoidance programs were available in eight catchment areas and continue to



demonstrate their effectiveness in reducing admissions to central institutions.

There has been strong state legislative funding and program support this year for centers whose federal grants for comprehensive services have ended, permitting the Division to maintain its service delivery capability. However, funding in general has been problematic with local funds tending to reach capacity and federal funds decreasing except for the two new programs. Continued efforts will be made to provide an adequate level of services, but should decreasing federal resources not be replaced by those from State and Local levels this eventually must lead to reduced service delivery.

Highlights of this Division's various components, special programs, and reports from Community Mental Health Clinics and Centers follow.

### ADDICTIONS AFTERCARE

During fiscal year 1979-80 over 1,700 patients with alcohol and/or drug abuse diagnoses received services at community mental health centers. These patients received in excess of 8,000 hours of clinical services. Addiction Specialists in the centers/clinics provided and coordinated the majority of these services. They also maintained a structured referral and aftercare program with Morris Village.

Due to lack of funding from the Division, seven centers assumed financial responsibility for their addiction specialist positions during the last fiscal year. An additional seven centers received funds from the Division for addictions positions. Two centers did not have Addiction Specialists during the year.

Alcohol and drug abuse programming within the Division was coordinated by the Addiction Consultant in the Central Office of Community Mental Health Services. Consultation was provided to Addiction Specialists and other center staff.

### AFTERCARE SERVICES

There are currently in excess of 9,000 patients who are in aftercare programs in the sixteen community mental health centers and clinics. They received over 62,000 hours of services. Services are geared toward meeting the needs for long-term follow-up care through medication maintenance, group or individual psychotherapy, socialization, life skills development and case management for assuring access to other center programs as well as community resources.

Written Memoranda of Agreement, that foster greater continuity of care and joint discharge planning on behalf of the patients, exist between each community mental health facility and the state institutions. Writ-

ten Memoranda of Agreement that address some of the needs of the aftercare population have been negotiated between the SCDMH and various state agencies.

The Divisional office has provided on-going technical assistance, program consultation, and some medical psychiatric services. A two and one half day workshop was held for both center and institutional personnel in May, 1980. The staff continues to be involved with promoting the concept of Community Support Services to the extent our resources will allow, with the realization that we have not reached the optimal level of services we would like to be rendering to each person.

### AUTISTIC CHILDREN'S PROGRAM

Since 1972, the Community Mental Health Services Division has moved toward the goal of the development of a state-wide network of services for autistic and "autistic-like" children in S. C. In addition to the three model treatment and training centers located in Charleston, Spartanburg, and Columbia, therapeutic classrooms for autistic children are located in Florence, Conway, and Rock Hill. A program is starting this fall in the Greenwood area. In four of these locations — Charleston, Florence, Conway and Greenwood the programs are provided through a contract with a local school district. In Spartanburg, the Department has contracted with the Charles Lea Center for the provision of the service, and the program in Columbia is a facility of the Department. State funds support all of these programs in addition to school district funding as required under P.L. 94-142. A unique program has begun at South Carolina State College as part of the Speech and Hearing Program. The Department has a contract with the college for provision of technical assistance training and consultation to a class for autistic pre-schools. The Judevine Development System serves as the basis for the treatment model in all of the programs. This system is described as a "unified, coherent, comprehensive application of learning and behavior principles to the task of supplying a complete therapeutic environment which assists children with severely disordered behavior and language to behave more normally."

An important component of the service delivery system is the training which is coordinated out of the Community Mental Health Services Office. Based on the Judevine Developmental System, competency-based modular training is provided to professionals, parents, and para-professionals. This year, the training was made available to 40 professionals from around the state who would, as a result of the training, be able to provide therapeutic-educational experience specifically designed to meet the unique needs of autistic children and teenagers. The training itself is at all times provided at no cost to the trainee.



Programming for autistic adolescents and young adults has been incorporated into the programs in Charleston, Florence, Conway, Spartanburg and Columbia. A three year grant which has just concluded from the Department of HEW's Office of Developmental Disabilities served as the basis for developing this new program component.

Another innovative program was undertaken this year. A residential, one week camp for autistic children was administered by the Department and jointly sponsored by the Department of Mental Health and the S. C. Society for Autistic Children.

There is a significant need for a community treatment home for autistic adolescents and young adults. Planning is currently underway for such a home if funding becomes available.

### CAMP LOGAN AND CHILDREN'S SERVICES

Funds for Camp Logan became available late in the camp planning cycle causing start up activities to be delayed. Furthermore, the duration of the therapeutic program was shortened by one week because of extremely limited funding. In the face of longstanding and continued austerity, the therapeutic program has been further refined and is subjectively superior to camps of the past. We are indebted to the Department of Health and Environmental Control and its Commissioner, Dr. Jackson, for transfer of federal funds allocated to it under the 314-d for use in the Camp Logan program. Without this transfer, the camp would not have been funded this year.

Some of the perceived program improvement is felt to be due to improved localization of the food service provided by Clemson through the Kresgee Hall Dining Center on the camp site and more localization of camping in the Clemson forest.

This season there has been a heavy investment of resources into research and evaluation to more objectively assess the program's efficacy. This assessment should be completed before the spring of 1981. Funding for next season's camp has not been obtained and must be sought.

Children's Services through the community mental health centers have remained constant in terms of quality and quantity over the last year. Lack of funds has for another year prevented the development of Community Residential Treatment Facilities for Children. Funds for prevention of psychiatric disorders in children as a result of family disruptions or parental psychiatric illness have been formally sought and applied for but not yet granted.

## CONSULTATION AND EDUCATION SERVICES

The Consultation and Education component in the Deputy Commissioner's Office of the Division has given attention to the management, the range, and the quality of consultation and education programs and activities for families, groups, special populations, organizations, and the general public during the 1979-80 fiscal year.

This mission has been pursued through: 1) The continuation of quarterly and special meetings with the Consultation and Education Coordinators and staff to share needs, experiences, and information as well as plan training endeavors and cross consultation activities. 2) Provision of consultation to individual centers in the development of consultation/training and mental health benefit programs for the workforce in industry and human services organizations. 3) Identification and development of resources that can be utilized to deliver services to workers in need at the work place. 4) Assisting Consultation and Education Coordinators and staff through technical assistance and consultation in developing education projects for special populations, e.g. rural citizens, minorities, law enforcement. 5) Promotion of materials and educational series designed for mental health intervention in the classroom. 6) Provision of mental health education to elementary schools, secondary schools and colleges primarily in classroom settings. 7) Provision of consultation and technical assistance to mental health centers, mental health associations, and other interest groups.

## COURT SCREENING PROGRAM

The Court Screening Program (perhaps more appropriately titled "Institutional Avoidance") is a major project which seeks to maintain patients in the community who otherwise would be committed (emergency commitment) to a state central institution. The program makes use of emergency/crisis intervention, inpatient facilities within local general hospitals, and follow-up treatment as necessary. Eight mental health centers presently have a court screening program: three were begun during this fiscal year. Although not all of the eight programs were in operation for the entire year, the program had a substantial impact on reducing the rate of emergency commitments to central facilities. Centers with court screening programs had 12.7 emergency commitments per 10,000 population while centers without these programs had 16.9 emergency commitments per 10,000 population.



## ELDERLY SERVICES

Fiscal year 1979-80 can best be described as a year of "meeting challenges" for those involved in services to the elderly. As in previous years, emphasis was placed on service integration and coordination within our own system as well as with other community agencies. As a result of staff efforts and commitment, centers were able to increase consultation and education activities relative to services to the elderly and also to increase direct service provision. Other accomplishments include the following:

1. Providing consultation to centers, including South Greenville Mental Health Center, for the development of a proposal for a technical assistance for aging services. The grant for South Greenville Mental Health Center was subsequently approved.
2. Sharing information and/or providing consultation to centers regarding resources for local workshops on aging as well as for implementing the technical assistance grant at South Greenville Mental Health Center.
3. Providing technical assistance and programmatic consultation to the Catawba Center for Growth and Development pertaining to delivering services to aging citizens.
4. Providing individual consultation to aging coordinators and specialty staff in the centers and clinics. Assisting in orientation and training of aging coordinators to provide a broader view of the total operation of community mental health centers as a part of the Department of Mental Health.
5. Planning a statewide workshop for coordinators of aging and consultation and education in an effort to promote closer working relationships between those services.
6. Initiating and providing input to staff development program for a workshop entitled "Special Services for Families of the Elderly."
7. Involving aging coordinators in the greater Pee Dee area in developing a training contract with Florence-Darlington Technical School for assisting in training nursing home personnel in the area. Staff from both Pee Dee Mental Health Center and Waccamaw Center for Mental Health have been involved in this effort.
8. Workable relationships continue between Crafts-Farrow State Hospital and Community Mental Health Services liaison staff.
9. Developing follow-up mechanisms and feedback on patients discharged from central institutions are in the initiation phase.
10. Promoting the development of more formal contracts/agreements between mental health centers and local agencies which provide services to the elderly.

## EMERGENCY AND PRE-CARE SERVICES

All of the comprehensive centers have emergency services available twenty-four hours/seven days per week. This means that a mental health professional is accessible by telephone with the capability for face to face contact to the client and for access to medical backup if indicated. The clinics have varying degrees of emergency service capability but are generally available after-hours through linkages with other key community caregivers such as law enforcement, hospital emergency rooms and local physicians.

Emergency services interface with all of the service modalities of a center but especially with the crisis intervention, court screening and pre-care services. They often provide access to other resources in the local community that would benefit the person in need. In many communities they provide training and "back-up" consultation to volunteer staffed "Hot lines" or Helplines."

Pre-care services are provided through community based intervention and treatment as an alternative to admission to a state institution. Funds from this program are used to purchase the service of local physicians and hospitals and for purchase of psychotropic medications for the medically indigent client, with supportive services provided by the center, the family and the community at large.

While efforts have been made that have greatly strengthened the visibility, accessibility and quality of these services, continuing problems exist in the area of transportation, alternate care facilities readily available for emergency usage, and "gaps" in human services delivery systems that cause some patients to be unserved or underserved.

Technical assistance, program consultation, staff development opportunities as well as monitoring procedures continue to be functions addressed at the divisional level.

During 1979-80 there were in excess of 7,030 clients who were afforded some level of emergency or crisis intervention.

## FILM & BOOK LIBRARY

During fiscal year 1979-80 the Film & Book Library continued to function as the educational resource unit for the Division of Community Mental Health Services. Films were provided for more than 50,000 viewers during this period. Records show that this was an increase of more than 47,000 viewers over the previous fiscal year.

The films were used by a wide variety of organizations. These included schools, colleges, churches, mental health centers and clinics, hospitals, nursing homes, and many civic organizations as well as state and federal agencies.



In addition to films, filmstrips and other audio-visuals, the library housed a large number of books and journals which were made available to the public and to departmental personnel.

The Library also continued to house and distribute materials provided through Primary Prevention Services, as well as audio-visuals made available through the Learning Lab Program.

The Library staff offered assistance with program planning to those who requested this service throughout the year.

## INSERVICE TRAINING

This has been an active year for training in the Division of Community Mental Health Services. Mini-grants provided resources for centers to obtain specific training for their own staff. Topics ranged from brief therapy and crisis intervention, to diagnosis and treatment of the elderly, organizational development and staff team building, primary prevention, group, family, and marital therapy, and orthomolecular psychiatry.

Central Office sponsored training which included programs related to working with the elderly, developing employee assistance contracts with industry, and community support and deinstitutionalization issues.

Several technical assistance contracts were awarded to Centers in the state by the Health and Human Services Regional Office in Atlanta. Training in Quality Assurance, program evaluation, cost accounting, consultation and education, and mental health services for minorities was provided.

The Department's Staff Development Office, in coordination with the Division, offered several on-site training programs to centers in patients' rights, secretarial communications and office relations, management, and prevention and management of aggressive behavior in patients.

Approximately 800 Division employees participated in one or more training programs during this fiscal year.

## PLANNING AND PROGRAM DEVELOPMENT

The Planning and Program Development Section, CMHS, assisted in the development and implementation of the Divisional priorities, in the coordination of grants administered through the Division, in the meeting of requirements set up by State and Federal regulatory bodies, and in the planning for and provision of specific reimbursement programs. All activities were designed to further priorities of the Division.

This Section, in concert with local, state, and federal officials, coordinated the Divisional participation into the Annual State Mental Health Plan, the State Five-Year Plan, and the South Carolina State Health

Plan. Through relationships with the various planning bodies associated with the above State Plans, this Section aided in the further development of a statewide network of community mental health services.

The Planning and Program Development Section served as a coordinating linkage with the SCDMH Grants Review Board and the Grants and Contracts Review Unit of the State Auditor's Office for grants administered through the Division. Approximately 30 grants were processed through the Planning and Program Development Section during 1978-79.

Also, the Section coordinated the 314 (g) mental health projects. Further, a yearly Progress Report on the utilization of PHS 314 (d) funds will be filed for the U. S. Department of Health and Human Services through the S. C. Department of Health and Environmental Control's planning office.

A major effort of the Section was to provide general administrative consultation and technical assistance concerning major third-party reimbursement resources (e. g. Medicare Title XVIII and Medicaid Title XIX). The Section facilitated maximum utilization of such Titles, as reimbursement is crucial to the continuance of the established community mental health care network. Reimbursements increased slightly during 1979-80.

## RESEARCH AND EVALUATION

The Research and Evaluation Section assists community mental health centers in assessing the need for mental health programs, determining appropriate population target groups, evaluating the process of service delivery, evaluating the outcome of services provided, and conducting research projects. The section operates a statewide centralized automated management information system (MIS) which assists centers in monitoring their services and provides accountability to external systems. During the past year, efforts to improve the turn-around time for routine monthly reports from the MIS to community mental health centers were successful: turn-around time was reduced from three to four months to four to six weeks.

## TRANSITIONAL LIVING

This program has developed around two distinct aspects; (1) transitional services and (2) alternate care facilities. The transitional services aspect of the program offers the patient supportive services that will help to move from a dependent state to his/her optimal level of functioning in the least restrictive environment. This may involve the utilization of other center programs as well as referrals into other community based



programs. The development, expansion and utilization of alternate care facilities for placement of patients who are in need of some type of living arrangement has been closely linked with transitional services. These living arrangements have varied from highly structured, supervised community care homes to unstructured, minimally supervised apartment living. It usually involves long-term care placements rather than crisis intervention or short-term placements.

The funding sources that will provide reimbursement for supportive services to these clients have been very nebulous except for medical services. There are 64 community care facilities licensed by the SCDMH with a bed capacity for 833 patients plus some others awaiting licensure. Memoranda of Agreement between the operators of these facilities and their local mental health center are a provision in the proposed revisions of the regulations for licensure.

### AIKEN-BARNWELL MENTAL HEALTH CENTER

*General:* FY 79-80 must be viewed as a period of painful belt-tightening. The Initial Operations grant was not funded by October 1, 1979 as had been expected. This necessitated the termination of CETA and Title XX funded positions which were to have been absorbed by federal grant funds. Staff positions had to be reduced from 33 total positions down to 23. The Partial Hospitalization and Transitional Living programs were sharply reduced. Other programs, notably Outpatient Services and Emergency Services, continued to absorb an increasing number of clients with no increase in staff.

This gloomy picture changed however upon notification in late May that the Initial Operations grant was being funded, effective July 1, 1980. Efforts are now being made to implement plans for developing the comprehensive array of mental health services for the catchment area.

*Outpatient Services:* Adult Services staff have expended maximum effort to meet 1979-1980 Plan of Operation goals. Not only have these goals been met, they have actually been surpassed in many instances. Our aim of maintaining current level of service (at that time being 50% contact time) has been exceeded by 15%; at the end of the fiscal year we were showing a measured 65% therapist/patient contact time. Our aim of maintaining the then current 3 day per week availability in our Barnwell office again was surpassed by establishing a full-time professional mental health counselor as office coordinator. The office in North Augusta (Langley) has progressed to a one day a month availability primarily for med-check patients. Because of funding cutbacks our addictions program was deleted from the Center's offerings. Nonetheless, because of our cooperative agreement with the Aiken and Barnwell County Commissions on Alcohol and Drug addictions, all patients in need of addictions follow-up were appropriately assisted via our referral agreement.

Our Elderly Services was also unfortunately affected by staff cutbacks. Despite this fact however, we have been able to meet all out-patient requests for assistance to the elderly, and additionally have been able to maintain a community liaison with those catchment area agencies and institutions servicing the elderly.

We also have been able to maintain our close support of local probate and family court needs, inspite of the ever-increasing demand of these agencies for the mental health Center's assistance.

Patient contacts in the Outpatient Services section is projected to be 7936 for FY 79-80 as compared to 7141 in FY 78-79. This included 442 projected elderly patient contacts for FY 79-80 as compared to 267 in FY 78-79.

New admissions to Center services is projected at 935 for FY 79-80 as compared to 913 in FY 78-79.

*Children's Services:* In addition to providing direct services, much emphasis has also been placed on developing Parent Classes which have an educational focus and developing consultative services with the Protective Services unit of the Department of Social Services. The total number of patient contacts in FY 79 was 1228 as compared to a projected 1171 in FY 80.

*Partial Hospitalization:* Due to the cutbacks in Title XX and CETA funding, the Center lost the four counselors who provided most of the manpower for the program. Consequently the program was gradually phased out during the past year. The readmission rate to the State Hospital has been quite erratic during this period but generally higher than the previous year. The number of patient contacts in FY 79 was 3019 as compared to a projected 1146 in FY 80.

*Transitional Services:* The Daily Living program for Aftercare patients has continued, but also on a reduced scale due to loss of staff. As a result of the closing of Transitional House in September 1979, the reduced program has been conducted in the main Center building. It continues to focus on socialization activities.

*Precare/Aftercare:* The program of offering monthly med-check groups continues for those aftercare patients who need minimal casework services but periodic evaluation of their medication. There are thirteen med-check groups offered at the Center plus two at the Clearwater site and two in Barnwell. These programs are conducted by a counselor working with a staff psychiatrist. In this med-check program a total of 257 unduplicated clients are seen on a monthly basis. In addition there are 20 clients who are seen in group therapy twice weekly and 8 clients in a twice-weekly socialization activities group.

*Emergency Services:* This service continues to be well utilized and appreciated by other care-givers in the community. The full-time services of a Mental Health Counselor II are required, plus back-up services from members of the Outpatient unit. Major services are



emergency intakes, crisis intervention counseling, screening for possible hospitalization, and brief counseling of local jail inmates. In FY 79 there were 226 patient contacts as contrasted to a projected 672 in FY 80.

*Consultation and Education:* Maintaining an ongoing effort to offer two yearly educational seminars to the public, two one day workshops on "Burnout" were presented in both Aiken and Barnwell county last year. We have expanded the radio programs on mental health problems to include an Augusta station in addition to the Aiken station. Success in newspaper articles on Mental Health has not materialized as expected but efforts are still being made to set this up. Preparation for the puppet shows, scripts, stages, puppets, etc., have finally been completed and numerous shows have been performed for the public. A series of programs for children as well as adults is now in progress at the Aiken County Library. Puppet shows were presented at two community workshops sponsored through U.S.C. at Aiken and numerous shows were put on at church groups. While these have been successful, the projected outreach into the schools on an extended basis will begin this fall contingent upon selection and training of volunteers.

*Administrative Services:* As a result of cutbacks in CETA-funded positions, three clerical positions were lost in the administrative services area. This necessitated a reorganization of duties to accommodate this loss on top of an already high work-load. This was accomplished without any reduction in our ability to pursue fee collections, (high priority). Fee collections for FY 80 are only slightly below last year's collections, despite the sharp reduction in our Partial Hospitalization program.

The Center was notified in late May 1980 that its Initial Operations grant application was being funded as of July 1, 1980. Much effort is now being given to locating space for the North Augusta satellite and Special Services facility for the Partial Hospitalization, Transitional Living, and Aftercare programs.

## ANDERSON-OCONEE-PICKENS MENTAL HEALTH CENTER

The basic need during fiscal year 1979-80 was to maintain quality services in spite of a financial deficit and staff shortage. Approved and funded positions have been reduced from 72 to 54 in the past three years, with the majority of staff loss occurring in 79-80. Federal and local funds decreased. Fees are lower because of stiff Medicaid/Medicare requirements and the difficulty experienced in collecting across the counter monies as a result of the depressed economy. Attrition was used to partially delete the deficit.

Our goals, in spite of monetary cut backs and staff shortage remained intact. These were to maintain quality services, continue to strengthen management and supervision in order to insure maximum utilization of

existing resources, and seek funding to offset deficit and to fill key vacancies (one staff psychiatrist, one staff psychologist, and three support staff).

There was a strong emphasis on the chronic population. Chronic patients compose close to one third of the current caseload and appear to be increasing. Concentration on families and other support systems for the chronic patient seems essential. Outpatient services and educative and preventive services must give priority to this population.

Another strong emphasis was placed on emergency/crisis services. A high percentage of admissions are emergency/crisis cases requiring short-term intervention (less than six sessions). Outpatient services and educative and preventive services will place high priority on this population.

Facilities utilized in our service delivery were the main offices in Anderson, Oconee and Pickens, the Anderson Memorial Hospital Inpatient Unit, the Crisis Ministries Office, the Oconee Memorial Hospital, Baptist Hospital of Easley, as well as several churches in the area.

### **BECKMAN CENTER FOR MENTAL HEALTH SERVICES**

The Beckman Center identified four goals in last years plan. Each is outlined below with a brief report on the status of each:

(1) To increase direct services to counties identified as underserved in the last area-wide needs assessment.

The counties of Abbeville, Edgefield, McCormick and Saluda were targeted for increased service. This was accomplished early in the fiscal year by establishment of treatment teams and increased coverage to one full day per week in each county. Problems with medical coverage continue to be present, however, and several efforts to resolve this have been only marginally successful.

(2) To apply for and effect a program of court screening designed to handle commitments in the local catchment area.

This goal was not met. The only hospital in the catchment area capable of providing psychiatric inpatient facilities, Self Memorial Hospital in Greenwood, could not provide increased beds needed to effect such a program. Self's administration was receptive, although their building program restricted additional beds. Also the lack of success in obtaining increased psychiatrist coverage prevented the attainment of this goal.

(3) Establish a viable volunteer program to supplement center programs and to provide a vehicle for more effective community support.

This goal is progressing rather well at the present time. There have been meetings with key people in the community to elicit support. Specific program elements (i.e. aftercare) have been targeted for volunteer support. Volunteer functions and duties are being delineated, as



well as, identification of community individuals to lead aspects of the program.

(4) Actively recruit a psychiatrist to provide increased medical coverage to counties of the catchment area.

Various attempts were made to secure increased medical coverage to date, all of which have been at best marginally successful. A full time psychiatrist has not been hired to date, and while increased contractual arrangements have been secured, turnover among these part-time doctors has resulted in programatic and scheduling problems. As of this writing, recruiting is still taking place and there is hope that a full-time psychiatrist may be secured by the end of the fiscal year. The primary roadblocks mentioned in interviews have been: (1) rural nature of the area; (2) low starting pay and (3) lack of colleagues to help cover emergency duty.

The Center in addition to working on its four main goals, also did considerable planning and work to replace the loss of its federal staffing grant which terminates in August 1980. A financial distress grant was submitted in February 1980 and has been approved, but unfunded. Anticipation of funding is not good. The Board of Directors and other concerned community groups and individuals worked hard to secure increased state funding to help offset the loss of federal funds. They were successful in this endeavor with an amendment to the appropriations act. Contributions by local counties were also increased through their efforts. As a result of tight budgeting and these increased allocations, the Center was able to prevent a reduction in force of significant proportion.

Included in the planning for the loss of federal funds, was a centerwide reorganization approved by the Board in the late fall of 1979. The intent of this was to organize the Center for more efficient operation in the delivery of services to the total catchment area. As a result of these actions perhaps the greatest growth in the Center was with our Board of Directors. They worked long and hard hours and became a cohesive working body assuming their responsibilities of governance very well.

The Center enters the new fiscal year with a very tight budget and a commitment to continue to provide quality mental health services to the catchment area.

## **CATAWBA CENTER FOR GROWTH AND DEVELOPMENT**

The main facility in Rock Hill provides the services of adult, children and elderly outpatient services, daytime and after hours emergency services, partial hospitalization, inpatient, rape crisis, aftercare and precare, alcohol and drug and consultation and education. The facility in Chester offers outpatient services, emergency and aftercare services. The Lancaster office offers short term therapy, emergency services and

aftercare services. After hours emergency services for all three counties is handled by an emergency team at the Rock Hill facility with toll free telephone lines to the other two counties. The Center operates two full time satellites in addition to the main facility so that a facility exists in each of the three counties. Some Center services are offered at other places in the area; aftercare services meets regularly in York, consultation with teachers is offered to all schools, and consultation is offered to boarding homes.

The community needs assessment demonstrated that the vast majority were satisfied with services received from the Center and that they encountered no problems in obtaining services.

Twelve hundred and thirty-six staff hours (114 hours per month average) were reported in Consultation and Education activities during fiscal year 1979. This was actual hours of services delivered. Planning, development and preparation were not included. Information/education was around 41% or 507 hours of time which accounted for the major portion of services.

Local resources have been utilized to the fullest in lieu of state hospital commitment. Since January, 1980, approximately 35 patients have been referred to the local Detox Center. Also using liaison services with the state hospitals, over 40 of our area's hospital patients have been discharged to alternate care both in our community and other areas. Over 20 other patients have been placed in alternate care in lieu of state hospitalization. Our local inpatient unit also has been an effective resource in limiting state level care. Through April, 1980, we have hospitalized 206 patients compared to 209 in 1978-79 for the same period. State hospital admissions have remained practically the same as last year even though Precare screenings are up over 10%.

During the past year, the Utilization-Peer Review Committee has continued to develop, review and revise diagnostic criteria by which clinical charts are to be reviewed. Much time has also been spent by the committee in developing methods and channels of response for clinicians and supervisory personnel to committee actions regarding the review of charts. The committee has held small group meetings to assist in making clinical staff aware of the diagnostic criteria being used and answering questions regarding these criteria. Reviews which have been done during the year have included diagnoses of schizophrenia, manic-depressive disorder and depressive neurosis. A review was also done to assure that thorough mental status examinations were being done on all patients.



## CHARLESTON AREA MENTAL HEALTH CENTER

During Fiscal Year 1979-80, we completed the first full year of operation along the lines of the Balanced Service System. The experience of the first months of operation confirmed the belief we hold that organization is an evolutionary process. The administration as a result, implemented the second phase of the organizational process. In an effort to improve the efficiency and effectiveness of our staff and thereby enhancing the quality of care to our clients, the position of Clinical Director has been instituted. The Clinical Director oversees the clinical policies and programs of the center, works with the staff in clinical problem-solving sessions, input and feedback sessions, case management consideration and recommendations, peer review and quality assurance review.

The second phase of the process has seen the community support service regrouped into two major subdivisions, consisting of intensive therapy, of which the primary focus is group and individual therapy to the functional patient, and sustained therapy for the dysfunctional patient. The outpatient operation of Dorchester County retains its separate identity as in the past. Berkeley County is in the process of becoming a separate catchment area, the plans having been approved by the Palmetto-Lowcountry HSA and the SCDMH. However, until the plans are finalized, the second phase of organizational evolution has resulted in both rural counties having a psychiatrist one full day each week, which is double the previous allocation of the psychiatrist's time. The Child and Adolescent Service retains its identity and continues a high level of consultation services to community agencies. The Consultation and Education Unit has successfully completed several C and E contracts and is in the process of soliciting new community agencies contracts.

The Identification/Crisis/Stabilization Service has lost its former identity; the services that were provided by ICS are now handled by the newly formed Intake/Triage Service. This service also provides the entry phase of the court screening function, an outgrowth of the demonstration pilot project for emergency and judicial commitment. The future of the Inpatient Unit is in question. Charleston County is presently negotiating a management contract with the Medical University of South Carolina and we are in negotiations with them.

Medical Records has a full time person designated as medical records clerk and a record security system has been adopted centerwide. In short, clients' records are centralized and a sign-out system implemented to insure confidentiality. The Transitional Living Service has become a separate identifiable unit during the year.

The Quality Assurance Program, after many months of frustration, has been put in place. The Research and Evaluation Unit has made plans for a community needs assessment to be implemented during Fiscal Year 1980-81.

## COASTAL EMPIRE MENTAL HEALTH CENTER

Throughout the year the Center continued the growth and development evident in the first 5 years.

During this past year the Coastal Empire Mental Health Center signed a linkage grant with Beaufort-Jasper Comprehensive Health Agency. The Center will be providing all mental health services for these Comprehensive Health patients. Transportation will be provided through this grant for patients living in the rural areas of Beaufort and Jasper Counties.

Consultation and Education have continued to provide services to the community in a variety of ways. Most notably, courses for the general public in stress management, weight reduction and parenting skills, have been offered to citizens who otherwise might not request services from the Center. Also worthy of note, this year the annual report was published in a handsome booklet form. The booklet, complete with pictures and information about services, is being distributed throughout the catchment area.

The Center is in the process of expanding its inpatient capacity with the opening of the 10 bed inpatient unit at the Beaufort County Memorial Hospital. This will add significantly to the Center capacity to handle emergencies effectively and to prevent admissions to state hospital facilities. The inpatient unit will be staffed with personnel from the Beaufort County Memorial Hospital, with coordination provided by the Center's medical director and psychiatric nurse. The Day Treatment Program works very closely with these patients from the unit. In preparation for the opening of the inpatient unit an inservice training program was provided for the nurses and para-professionals who will be working in the new inpatient unit. Already admissions to the inpatient unit have doubled compared to last year's admission data.

Adult Outpatient Services continues to be the largest single program of the Center. The offices in both Allendale and Hilton Head have extended their hours of operations in order to meet the need of patients requesting services from the outpatient staff.

The administrative staff has been successful in increasing the receipts from fees for services, and with the increasing costs and the decreasing monies available this will continue to be a focus of attention.

Coastal Empire Mental Health Center continues to enjoy community support and an active Board of Directors. During this past year the composition of the Board of Directors changed considerably, with the addition of nine new members and the election of a new chairman. The Board and staff continue to assess the needs of the community and provide services within the limitations of both budget and staff capabilities.



## COLUMBIA AREA MENTAL HEALTH CENTER

The fiscal year began with the effects being felt of the opening of the Lexington Mental Health Clinic and a concomitant 20% decrease in the consumer population and the loss of 12 staff positions, six of which were funded. Columbia Area Mental Health Center experienced the impact of a budget deficit which necessitated further staff adjustments by attrition. Management's immediate concern was to develop and intensify efforts to improve fee collections. By the end of the fiscal year, progress was being noted in the area of reimbursements. Fee collections for Fiscal Year 1979/80 were approximately 35% higher than fees collected in 1978/79. The gain was attributed to the new decentralization program of reimbursement and records. Major increases were noted in third party payments. The decentralized program of reimbursement and records has been completed through the final phase. There has not been a sufficient trial period to allow for an evaluation of the process or its cost-effectiveness. Management would anticipate such an evaluation at the conclusion of the Fiscal Year 1980/81. The general consensus is that the decentralization has provided improved service for the consumer population.

Budgetary considerations resulted in a significant amount of staff attrition via a freeze of hiring; in a cessation of travel and training; and a more stringent view toward requested budgetary expenditures for equipment replacement. Efforts to maintain old service programs and to meet demands for expansion placed a heavy stress on the inventiveness and the dedication of the staff.

There has been a concern expressed at the fact that the medical staff of the agency has remained at a constant number at a time when the demand for medical supervision has increased. Strong efforts have been made to recruit additional medical personnel.

There has been considerable growth in the area of consumer advocacy as part of the quality assurance aspects of the Mental Health Center's work. Suggestions and complaints from consumers receive immediate attention from the Consumer Rights Committee with appropriate action by management to provide corrective opportunities. Interest in the consumer rights format has been expressed by several other state programs having less developed models than the one in operations at Columbia Area Mental Health Center.

Management has focused strongly on the need to improve revenue collection. Toward that end, an additional aid was obtained by affiliation with the Professional Data System, which will maximize billing and fee collection efforts by the end of Fiscal Year 1980/81. Continued involvement with the Management Information System through the SCDMH will allow for collection of additional data to be used by management in service evaluation and program development.

## GREENVILLE MENTAL HEALTH CENTER

With two Mental Health Centers in the County, the Greenville Mental Health Center has designated responsibility for providing services for 67% of the total County population or 183,848 persons. Our mission is to provide a broad range of Mental Health services which are readily available and accessible to this population and which address problems identified by the community in an annual assessment of need.

Because of loss of Federal monies and limited local funding, there has been a 15% reduction in our staff. We have, however, maintained a high quality of care and have not reduced services nor number of persons being served. This has been due to increased caseloads and restructuring services for maximum efficiency.

The total number of persons served has increased more than 20% in the last year. Forty-three percent of our client population are poverty or below as compared to 13% for the general population. This suggests that we are more than adequately serving the poverty level. Studies indicate that client satisfaction with our services is high. Eighty-four percent believe the services received were helpful to them and 90% would recommend our services to others.

We feel that we have met Center-wide goals for the past year, including a 25% increase in self-generated income. This was primarily a result of increased fee collections. The other major source of income has been generated through additional consultation and education services to the community. We have maintained all twelve services and plan to continue fulfilling this requirement through the next year.

## LEXINGTON COUNTY MENTAL HEALTH CLINIC

The Lexington County Mental Health Clinic opened on July 1, 1979 with three clinical staff which included an acting director and three clerical staff members. The Clinic leased the six-room Shull House from Lexington County Hospital located in West Columbia. The location was selected in order that the services could be readily available to the large population in the Cayce-West Columbia area and that comprehensive mental health services could later be developed in a coordinated venture with Lexington County Hospital. In addition, the Clinic was to serve as the center for establishing future satellite services to reach the entire Lexington County catchment area.

The Clinic was mandated to provide three services, namely Outpatient, Aftercare and Consultation and Education. Other services were to continue to be provided by Columbia Area Mental Health Center. The initial patients were transfers from CAMHC Aftercare Program. After two months of operation the Outpatient Services were initiated, whereas, the C&E services were not scheduled to be provided on a large



scale until other staff could be hired. Until a fulltime psychiatrist could be hired local physicians were hired on a part-time basis to provide medication follow-up. Although the Clinic did not have a children's service, it was soon apparent that the clinic was receiving a large number of school and DSS children referrals which needed immediate attention.

An addition to the staff was made in December, 1979 when a psychologist was hired. In January, 1980 a director was appointed as well as one fulltime psychiatrist. Also one clinical and two clerical staff members were hired. In order to accommodate the large staff the clinic was able to secure temporary office space from the Lexington County Hospital. Towards the end of the fiscal year the Clinic's operations were threatened by the County Council's proposal to withdraw its funding. Such a measure caused the Clinic to plan on reducing services and halt expansion until the issue was settled. Both staff and Board members appeared before County Council to appeal its case to justify continued mental health services and funding for the Clinic. Unfortunately, during this period the Clinic lost the services of its Director and fulltime psychiatrist which further hindered operations. An interim director was named by the Board which resulted in the need for re-organization and the hiring of a full complement of staff members, both clerical and clinical.

Although the Clinic was not mandated to provide Emergency Services the Clinic has been providing such services during normal working hours and has negotiated a contract involving Lexington County Hospital and Richland Memorial Hospital to provide for comprehensive after-hour emergency services. During the first full year of operation the Clinic has a census of approximately 1100 registered patients.

## ORANGEBURG AREA MENTAL HEALTH CENTER

In September, 1979, the Orangeburg Area Mental Health Center entered the 02 year of its Federal Operations Grant. During the 1979-80 fiscal year, the Center came into full compliance with federal guidelines and now offers all of the services required of the comprehensive community mental health center.

Operations data indicate that services have significantly increased during the past year. Patient contacts have risen from 12,266 in FY 78-79 to 18,625 during FY 79-80. The number of C&E contacts has increased from 7,022 in 1978-79 to 7,329 during 1979-80. In addition, a recent study of admissions to state psychiatric hospitals indicates a decline over the same period a year earlier. Financial records indicate an increase in fee collections and the most recent estimate reveals that the cost per encounter has dropped over that of the previous fiscal year.

*Goal Attainment.* The Center set ten primary goals for the 1979-80 fiscal year.

1. *To have signed a contract for the provision of local, inpatient, psychiatric services.* A contract for the provision of such services was signed with the Orangeburg Regional Hospital in October, 1979. The first patients were admitted the following month. Since that time, 24 patients have been placed in the local hospital for a total of 178 patient days.

2. *To have a Transitional Living Program operational.* In January, 1980, a contract was signed for the lease of a house to be used as a transitional living facility. Extensive renovation has been completed and residents will be able to occupy the house early in the fiscal year.

3. *To have a Partial Hospitalization Program operational.* The Partial Hospitalization/Daycare Program operates 5 days per week on a modified Fountain House model. Patients are considered members of Riverhouse Club. They learn self-help skills by planning and carrying out many of the functions necessary for the Club's functioning. Patients also participate in group therapy and chemotherapy.

4. *To have a Court Screening Program operational.* The Court Screening program integrates the Center's inpatient, emergency, and precare services in an effort to prevent unnecessary admissions to state psychiatric facilities and to provide a community-based alternative for persons who might, otherwise, be candidates for a psychiatric commitment. During the six months following the institution of the program, there was a significant drop in the number of persons from the Orangeburg catchment area who have entered a state facility. During those six months there were an average of 20.8 such admissions each month versus an average 31.5 admissions per month during the same period one year earlier.

5. *To have increased the number of patient contacts over the previous fiscal year.* As indicated above, during FY 1978-79, the Center had 12,266 patient contacts. During FY 1979-80, the Center registered 18,625 patient contacts, an increase of 52%.

6. *To have improved the accuracy of clinical records.* Systematic auditing procedures have been instituted under the auspices of the Quality Assurance Program. Charts are audited for completeness on an on-going basis in the Orangeburg Clinic and quarterly in the satellites. In addition random audits compare accuracy of progress note entries against entries on the fee cards.

7. *To have improved the flow of patients' records.* The record room was moved to a location which is more convenient and accessible to clinicians. As a result, the accessibility of client charts has been greatly improved.

8. *To have improved the Center's visibility in the community.* During the year, staff members have engaged in numerous workshops and one-time presentations in the community. The increase in C&E contacts is one measure of the Center's increased visibility.



9. *To have acquired a new central facility.* Architect's renderings of a proposed building have been procured.

10. *To have responded to all state and federal guidelines/requirements.* The Center's annual Standards Audit and annual Site Visit indicate substantial compliance with all guidelines and requirements.

## PEE DEE MENTAL HEALTH CENTER

During the Fiscal Year the Center experienced several major changes in administration, organization and programs. Considerable budget limitations required that the Center modify its Inpatient Service, reduce staff resources and change the utilization of psychiatrist time.

The Center completed its sixth year of receiving Federal Funds under the Operations Grant formula. Basically, state and local county funds were not increased sufficiently to provide for the needed maintenance of effort of program as Federal funds continue to be reduced. The operational budget included: Federal \$507,429, State \$302,106, Local County \$96,840, Collections \$129,831, for a total of \$1,036,206.

### *Program and Organizational Milestones:*

The various program elements achieved 85% of their goals and objectives, which included increasing the number of citizens served and educating a larger group of individuals about Mental Health services in the catchment area. The Inpatient services located at Florence General Hospital were discontinued and new working relationships were established with McLeod Hospital to utilize their facilities to meet the continuing need for center patients to be hospitalized. An additional six bed Boarding Care Home was established in Florence to accommodate additional placements in the Transitional Living program. The Help Center (the center's walk-in crisis intervention and emergency services program) was relocated from its downtown location to the Main building. With the loss of a full time Addictions Specialist, the Alcohol & Drug Abuse services have been reorganized with specially trained workers now providing the counseling in all the various program components. The Board of Directors moved in the direction of increasing the medical utilization of the psychiatry staff by reclassifying the Director's position to that of a non-medical Executive Director. Several vacant positions that occurred throughout the year have not been filled and existing staff resources have been reallocated. Through a special technical assistance experience with a representative from the Regional Office, the Center has established more effective policies and procedures for collections and billing practices. The areas of Quality Assurance, Medical Records Auditing and Program Evaluation readily meet the standards as reviewed and continue to produce excellent management information.

## SANTEE-WATEREE MENTAL HEALTH CENTER

The 1979-80 fiscal year has been one of increased stress for the Santee-Waterree Mental Health Center. With the expiration of the federal staffing grant at the end of FY 1979-80 and with the continuing impact of inflation, a significant deficit was anticipated for FY 1980-81. As a result, the Center was facing a major reduction in staff and, therefore, a major reduction in services. In order to manage the anticipated deficit, the Board of Directors decided, after much deliberation, to begin by deleting seven positions at the end of FY 1979-80. Additional cuts in programs were to be handled through attrition and, if necessary, further reduction in force.

The Legislature, through the efforts of the local delegation, agreed to include the lost federal funds in the Supplemental Appropriations Bill. This additional allocation from state funds covered a major portion of the anticipated deficit and reduced the likelihood of further staff reductions. These funds, in effect, stabilized the Center's program for the next fiscal year.

Along with the stress around the financial state of the Center and the concomitant decrease in staff morale, the demand for services has continued at an equal or greater rate as that of the previous year. For instance, the number of inpatient days for 1979-80 are projected to be 3,729, a 15% increase over the previous year. Outpatient encounters are projected for 1979-80 to be 29,251, virtually at the same level as the previous year. Consultation and Education contacts have increased to a projected 32,965, a 17% increase. Partial Hospitalization days have decreased 9% to a projected 2,617, this decrease being explained by a shift in program emphasis. As can be seen, the need for service has continued at the same level if not an increased level as the previous year.

In spite of the reduction in force, the Board has been committed to maintaining the full time offices in each county as long as financially possible. Nevertheless, the reduction in force did affect these offices, the Lee County office most severely. This office is open and functioning although at a reduced capacity.

Although concern for the financial state has been a major focus of energy, the Center has also continued to examine and refine both its managerial capacity and its service delivery structure. The twelve mandated services continue to be in place, remaining as structured during the previous year.

The following are the areas on which major attention was focused during FY 1979-80:

The Citizens Advisory Council was reorganized with demographic representation of the catchment area. There was a clear delegation of tasks from the Board and as a result, the Council did its own needs assessment, making sound and valuable recommendations to the Board.



Program evaluation was greatly strengthened through the addition of an evaluator. An extensive catchment area-wide needs assessment was done and various other internal evaluation tools were instituted, all for the enhancement of programs.

Quality Assurance has been strengthened and began to function as a viable, integral part of the Center's structure.

Managerially, the processing of patient disposition has been further structured, becoming more formalized with better integration with the clinical supervisory system. As a result, there is better direction given to outpatient treatment services.

Inpatient services have been heavily used. Major emphasis has been given to further strengthening the continuity of care for patients being released from the local inpatient unit. However, the increased inpatient load has also put an increased strain in the use of limited psychiatric time.

As previously indicated, Partial Hospitalization Services continued to refine the restructuring of that program, giving major emphasis to patients in need of an intensive day treatment program and who could move towards independence or into other modalities. A maintenance group has been started under the joint auspices of Partial Hospitalization and Aftercare Services to serve these persons who need regular group contact in order to maintain their current state of adjustment.

Consultation and Education Services have continued to receive major attention. Employee Assistance contracts with local industry have been expanded. A number of well designed workshops on the management of stress have been delivered to professionals as well as the general public. A proposal for the development of a stress management project for police has been accepted and funded. Consultation services have been given on a regular scheduled basis to the Department of Corrections, Headstart, Nursing Homes, the County Corrections facility and others.

Other services, such as services to Children, Elderly, Substance Abusers, Aftercare Services, Transitional Living Services, continue to offer a strong range of services to individuals and the community. With the limited space allocated for the report, it is impossible to do more than touch the major highlights, making it difficult to convey the depth and breadth of services being delivered.

The Center continues to offer a dynamic, evolving mental health program to the citizens of its four-county catchment area. With the backing of an invested Board of Directors, the support of the County Councils and the Legislative Delegation, and the acceptance of the Center and its services by the general public, there is a firm foundation for the continuation of a mental health program in the catchment area. The financial stability of the program is of major concern and will continue to be a major focus in the foreseeable future.

## **SOUTH GREENVILLE MENTAL HEALTH CENTER**

The South Greenville Mental Health Center achieved marked community acceptance during its third year and was able to increase and extend its services beyond proposed goals and expectations. Except for limited resources for transitional care, the Center is now in full operation of its comprehensive mental health services program.

The Greer community celebrated the new building for the Center's Greer Office by holding an open house in April with Governor Richard W. Riley as the keynote speaker. Governor Riley emphasized the significance of providing mental health services close to patients' homes in this kind of a local facility.

The Center's Board had a very active year. They reexamined needs for mental health services in this catchment area, and reviewed the Center's program in terms of special concerns for youth, elderly and family stresses. Board members worked to interpret the Center's needs for community acceptance and financial support, and took pride in the Center's production.

With the resulting community support, the Center was able to open the Piedmont satellite office one day a week in a rent-free parsonage on Main Street, to use a van and station wagon for patient transportation, and to fill five staff positions: a psychiatrist, two clinical social workers, a therapeutic assistant and a secretary.

These resources and the new office building in Greer enabled the Center to increase and extend its services as follows: over 18,000 direct service sessions were provided to more than 2,750 patients, more than 500 face to face Consultation and Education contacts per month were provided to an average of 39 different agencies and community organizations each month, and Partial Hospitalization provided 2,500 days of care to 98 patients. The Center implemented the contract for inpatient services with local psychiatrists and Marshall I. Pickens Hospital so that 70% of the Center's patients needing inpatient services were cared for in their own community.

The Consultation and Education Staff secured and implemented a Technical Assistance grant to assess and program services for the elderly and involved community agencies in the development of collaborative services.

The Center responded to community requests and extended its services to provide assessment and treatment for inmates and consultation for staff members of the Greenville Detention Center, and group therapy services for inmates of three state prisons.

A demographic review of applicants included in the quality assurance studies indicated that the Center was serving a cross section of area residents. Furthermore, a review of referral sources reflected a wide



range of community interests. A client satisfaction study received a 24% response within four weeks and was overwhelmingly positive: 88% to 93% found the service helpful and what they wanted.

Length-of-stay studies show consistently that patients use services in three patterns: 1. crisis oriented service in three to five sessions was used by fifty percent (50%) of Center patients; 2. working thru problems up to fifteen sessions was a pattern used by forty percent (40%) of patients; 3. support in sixteen and more sessions was needed by ten percent (10%) of patients.

A study preventing hospitalization during a six month period showed that intensive psychotherapy had been used effectively to preclude hospitalization for eighty one patients (81) where ideas of suicide, severe depression and severe stress had precipitated requests for inpatient care.

Program projections now include refreshing and upgrading staff skills in working with adolescents and elderly clients and their families. Stress areas such as individuals reacting to divorce and family breakdown, alcohol and drug abuse, families coping with the care of elderly members, and individuals in employment or career stress will receive further consideration in program development in both clinical services and consultation and education services.

### **SPARTANBURG AREA MENTAL HEALTH CENTER**

The fiscal year 79-80 was one of severe challenge to the Spartanburg Area Mental Health Center from two major standpoints. We were advised that the Center had to eliminate a deficit of approximately \$140,000 by June 30, 1980. We were able to eliminate the deficit by instituting an extremely conservative fiscal program and with the assistance of a supplemental appropriation of \$25,000. Following portions of this annual report outline some of the program measures undertaken to use limited resources to their maximum potential in an austere fiscal period.

The other challenge facing the Center during this fiscal year was to maintain the quality of treatment and handle the increase in client contacts with a decreasing clinical staff. This decrease in staff was due in part to further mandates from the State Budget and Control Board regulations not allowing any replacement or promotions within the present staff until the Center was out of deficit. We, by attrition, reduced our professional and administrative head count. However, by increasing the efficient methodology of our treatment modalities and support staff, we accomplished our objectives in all service areas.

After a three month trial period, during the last quarter of fiscal year 1979, a full Court Screening Program was instituted in conjunction with

the Spartanburg General Hospital's psychiatric unit. Through the efforts of our Director, we received complete cooperation of the private sector of psychiatry and were able to hospitalize locally some one hundred seventy clients with only eight having to be sent to the State Hospital. We feel that this is a well-managed and coordinated program with its adjunctive staff operating within the allocated budgeted funds. The service also was received well by patients and their families and by citizens in the local community.

One of our major cost savings was to move our Aftercare and Drug and Alcohol programs from a high-cost rental operation away from the main Center into areas available within the main Center building. These areas were remodeled along with existing areas at the expense of the County Government's maintenance department with only a small amount of material cost borne by the Center itself.

The Center is now consolidated with Court Screening, Outpatient, Partial Hospitalization, Aftercare, Drug and Alcohol, Inpatient (through contracts with Spartanburg General Hospital) and Probate Court hearings all under one roof resulting in a higher efficiency and lower cost per client treated.

Many of the Center's goals were attained during the year. A good rapport with all branches of the State Office of Community Mental Health has been established. The deficit has been abolished and the financial situation is within control. A high level of inservice training was maintained in spite of budgetary problems. Goals were reached in most areas of Consultation and Education.

The Board of Trustees has been functioning very cooperatively with the Center in an administrative capacity. Staff morale in certain areas has improved.

The main area of concern at this writing is the re-staffing of the Cherokee Satellite and this is being pursued with vigor. We have several interested persons whose qualifications, etc., are being checked by the Director and the Program Director.

The Center passed both the Standards Audit and Site Review Audit with high compliments. It is our objective for fiscal year 80-81 to maintain our high level of treatment with credibility and accountability.

### **TRI-COUNTY MENTAL HEALTH CENTER**

This year, as a result of a \$501,278 Initial Operations Grant received from HEW, the Tri-County Mental Health Center was successful in developing comprehensive mental health services on a decentralized basis in Chesterfield, Marlboro, and Dillon Counties. Consequently, all of the 12 essential mental health services are equally available and accessible to the residents of the catchment area.



1) Inpatient services have been developed via contracts with 10 local physicians and all three county hospitals. Moreover, psychiatric consultation and backup have been obtained via a contract with John Uzmahn, M. D. It is anticipated that in fiscal year 1980-81 we will negotiate a contract to access inpatient services at the McLeod's Regional Medical Center and recruit full-time psychiatric coverage for Tri-County patients.

2) Emergency services have been developed whereby anyone can reach a mental health professional 24 hours per day, seven days per week by calling 623-2229 collect. The emergency service has been quite effective in providing telephone crisis counseling and, when necessary, face to face contact with individuals who are experiencing emotional trauma after 5:00 P.M. and on weekends. It is anticipated that we will install additional telephone equipment in fiscal year 1980-81 to increase the responsiveness and localized impact of the service.

3) Outpatient services have been effective this year in providing individual and group psychotherapy and family and marital counseling in all three counties. The outpatient staff and partial hospitalization/day care staff have also provided an evening clinic one day per week in each county. That way people who work first shift can receive services at the mental health center in Chesterfield on Tuesdays between 5:00 and 9:00 P.M., Bennettsville on Thursdays between 5:00 and 9:00 P.M., and Dillon on Thursdays between 5:00 and 9:00 P.M.

4) The aftercare/followup staff have been effective in forming a traveling team that, in conjunction with the Department of Mental Health psychiatrist, provides brief mental status examinations, chemotherapy, activity therapy, medchecks, and followup for approximately 450 ex-state hospital patients. With the continuing emphasis on short-term treatment and the depopulation of state institutions, it is anticipated that the aftercare program will grow even larger in fiscal year 1980-81.

5) The partial hospitalization/day care program has developed structured environments for patients needing intensive care. Patients stay in the partial program up to four hours a day and receive daily living skill training, group therapy, activity therapy, and help with the completion of GED training via an agreement with the county school system.

6) Consultation and education services have flourished this year with staff providing numerous talks and radio spots about mental health problems and services. Next year's focus will be on the development of short intensive workshops or seminars to teach coping skills to enhance growth and development of general public participants. We will also focus on the provision of industrial employee assistance programs to reduce absenteeism, tardiness, alcohol and drug abuse, and accidents related to emotional problems.

7) Alcohol and drug abuse services this year focused on linkages with detention centers and law enforcement in an effort to reach and rehabili-

tate individuals who may be suffering from a combination of emotional problems and alcohol and drug abuse. We anticipate that the need for alcohol and drug abuse treatment services will also increase in fiscal year 1980-81 due to the pressures associated with a depressed economy.

8) Our transitional living/halfway house service has been extremely effective in working with local boarding homes, finding temporary shelter for mental health clients who have no place to stay, and in getting our clients into state programs like Project COIL. Lack of funding has prevented us from developing an independent living apartment program in our area and insufficient funding appears to be a continuing problem that the transitional living staff will face in fiscal year 1980-81.

9) Specialized diagnostic and treatment services for children are available in each county. This year the Tri-County staff put considerable effort into two special projects, the children's day camp and the Headstart Screening program. Both were very successful. Next year we hope once again to assist the local Headstart programs in screening children for intellectual, emotional, and behavioral problems. In addition, we plan to hold several effective parenting seminars for the general public and anticipate increased referrals from school systems.

10) The specialized diagnostic and treatment services for the elderly was started this year with the employment of a psychologist and a therapeutic assistant. The elderly service staff have provided educational programs for several hundred of our older citizens at county nutrition sites. The program has focused on teaching coping skills that deal with loneliness and other problems unique to the elderly population. We anticipate this program growing even more next year.

11) The court screening program that was started this year has reduced the number of admissions to S. C. State institutions by 12%. The staff has also been effective in reducing the number of readmissions to state institutions by 18%. This has been done with the help of local doctors who have assisted in the early intervention of potential state hospital admissions and diverted said admissions into local treatment programs. The court screening program has been highly visible, accessible, and readily available to assist local Probate Judges, hospitals, and physicians in determining the most appropriate form of treatment for psychiatric clients.

Other accomplishments of the Tri-County Mental Health Center during fiscal year 1979-80 included acquisition of additional office space in Chesterfield, Marlboro, and Dillon Counties; the employment of 21 additional professionals and support staff; the renovation of one hospital room in Cheraw to serve as a security holding facility for court screening clients; the development of an up-to-date accurate inhouse staff productivity, Management Information System; and the development of memorandums of agreement with 9 agencies to coordinate service efforts within the Tri-County area.



In retrospect, the 1979-80 fiscal year was a very productive and rewarding year. The Tri-County Mental Health Administrative Board and staff will focus attention in fiscal year 1980-81 on the refinement of programs and the continued expansion of services that are highly accessible to all clients in the catchment area.

### THE WACCAMAW CENTER FOR MENTAL HEALTH

The single most important event during this fiscal year was the funding of our Operations Grant. While HEW awarded the grant effective August 1, 1979, it was not until mid-December that the Center was able to utilize these monies. It was at this point that concerted recruiting efforts were undertaken throughout the state. At the same time recruiting efforts were made on a national level through selected publications and organizations. Dealing all the while with natural attrition of long-established positions, Center Staff increased from thirty-six in June, 1979 to fifty-one in June, 1980 and recruiting efforts continue.

The Kingstree and Myrtle Beach offices were moved into larger facilities to accomodate increases in staff, programs and, ultimately, clients. A report on Conway facilities at this time would be premature but extensive plans are underway both here and in Georgetown.

A total comprehensive package of programs and services continues to be delivered in all three counties in the catchment area. (Georgetown, Horry and Williamsburg). Within this, a strongly directed minority outreach program with an emphasis on education and prevention, as well as alcohol and drug abuse, is in its first stages. Staff have been recruited, training is underway and an office has been opened in the Smith-Jones Community Center in Conway modeled after the innovative program in Friendship House, Myrtle Beach, which is ending its fourth year and continues to impact on five black communities within this resort area.

The Court Screening Program, ending its first full year of activity, has been provided inpatient capabilities in the tri-county area through individual contracts with both hospital and physicians/psychiatrists. The program continues to prove its worth in the number of clients kept out of state hospitals through being maintained for short periods in familiar local environments.

This year has been one of strong planning and developmental concerns for The Waccamaw Center with influx of key personnel in the organizational structure, (i.e., Coordinators of both adult and children's services). In adult services a broader base of psychological testing is now available, while children's staff, through a negotiated contract, screened approximately 300 pre-schoolers for Operation Head Start.

Increased Consultation and Education activities allowed for the development of the Head Start project along with a number of other

cost-conscious contracts in a number of service areas and forty-two interagency Memorandums of Agreement. This is only the beginning of a program of increased capability for delivering much needed programs to the community within a cost-effective, marketable framework.

The Center's Research and Evaluation Program has expanded to include a professional with designated responsibility in this area full-time and the anticipated addition of one more staff member. As a result of the increased emphasis on this program, data is being closely weighed to determine future goals and program needs.

The impetus for much of this increased activity is, of course, the assistance granted in federal dollars — the effects of which are only beginning to be felt by the community-at-large through increased staff activity, consultation to other agencies, media focus, etc. The level of excitement found within The Waccamaw Center, however, can only be explained by the highly skilled, concerned members of its staff and their willingness to contribute, grow and share with one another, other professionals, and the residents of this, the largest catchment area in S. C.

## **EARLE E. MORRIS JR. ALCOHOL AND DRUG ADDICTION TREATMENT CENTER**

### **OFFICE OF THE DIRECTOR**

A new director for the Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center was appointed on August 31, 1979. The Office of the Director also includes the Coordinator of Treatment Services and the Coordinator of Patients' Rights and Community Relations, as well as support staff.

Admissions continued during the year at approximately the same rate. The majority of referrals coming from local county commissions on alcohol and drug abuse and mental health centers.

A Task Force was appointed to review the treatment program and a new program has been approved and will be implemented in the near future.

Even with a reduction in staff the professional staff and support staff have continued to provide quality treatment services to the residents.

### **PROGRAM DEVELOPMENT AND TRAINING**

#### *Program Development:*

Morris Village has experienced considerable change during the past year. Initiated by a severe reduction in funds, a sizable personnel reduction has been experienced. Meeting the treatment needs of our



resident population with a smaller staff has required several programmatic changes. The Office of Program Development and Training Management has been continually involved in the planning and coordination of the implementation of these changes. Phase II, the short term, interim treatment program that provided 24-hour supervision and a more structured treatment program with continual evaluation was eliminated, due to personnel losses in nursing service. Since this did not eliminate the needs of those residents, Treatment Team D was developed to provide many of the same services but without the 24-hour supervision and intensive staff-to-resident contact. The Office of Program Development and Training Management has provided leadership as well as group therapists to this team. In looking ahead to further changes, Team D was established as a 28-day program instead of a 2-week program. This change was initiated as a trial for further changes to the overall treatment program. The didactic series was established on a 28-day rotation, and residents were made aware on admission of this length of stay. Where appropriate, referrals to Phase III for continued treatment were still possible. Changes were also initiated in the treatment planning process to make the process more time-efficient.

Phase III, the long term treatment program, has continued to function essentially as before. Residents on entering the Village first experience the admission phase where they receive medical evaluation and treatment if necessary. Here the triage team determines whether the resident will be referred to Phase III (Teams A, B, C) or to Team D. Upon assignment to either of the Phase III Treatment Teams, the resident will be staffed for Treatment Planning by that team and appropriate referrals made according to the treatment goals set. Discharge dates are negotiated with the resident and reflect the individual needs of the resident.

At this time, approval has been received from the Commissioner of Mental Health to initiate a major change in the treatment program to meet the existing needs of the center. The new program will consist of three stages. Stage I will be a 28-day program of group therapy didactics and Recreation Therapy and shops. For those residents for whom continued treatment is indicated, Stage II will offer an additional 28-day program of group therapy, recreation therapy and special groups. Stage III will be an individualized stage for the few residents who need continued support while making the transition out of the treatment setting. The Office of Program Development and Training Management has been heavily involved in the planning of this new program and will be involved in the implementation and evaluation of the program.

The Special Emphasis program of special groups such as the Women's Group, Assertiveness Training, Personal and Social Skills, Bibliotherapy, and Relaxation Training has continued to be coordinated and supervised by the Office of Program Development and Training Man-

agement. The program is scheduled to be incorporated into the new treatment program as the Special Groups.

The Office of Program Development and Training Management provides the center's key person for Primary Prevention activities. With the increased focus on Primary Prevention, this office has assumed a major role in establishing prevention goals for the center and coordinating prevention activities.

The Joint Commission on the Accreditation of Hospitals has placed increased emphasis on quality assurance activities. The Office of Program Development and Training Management has taken an active role in quality assurance activities and has provided the contact person for Departmental Quality Assurance activities.

#### *Training Management:*

Morris Village staff have continued to be active in professional growth through participation in various training activities both as participants and as trainers. Utilization is made of training opportunities offered by SCDMH Staff Development, private and professional organizations as well as other state agencies. The Office of Program Development and Training Management is vitally concerned with preparing staff to be group therapists. To this end a 40-hour course was developed and presented to village staff.

In looking ahead to the Quality Assurance requirements of JCAH, particularly in the area of Staff Development, this office has turned more of its resources to integrating its activities into the overall quality assurance program.

### **MEDIA CENTER**

In the past year the Morris Village Media Center has been active in its role of providing media production and consultation in the areas of therapy, training and education. Its primary objective is to support Morris Village, but has also provided services to other SCDMH facilities and state agencies. Staff for production and technical support related to these services included a media director, an audio visual/graphics specialist, a media production specialist, and an electronics technician.

During the past year the media center has increased its emphasis in support of resident education. Various media such as slide shows, still photography, brochures and video tapes have been produced in this effort. The highlight of this increased emphasis has been the new utilization of the existing closed circuit television system within the village.

The Media Center has been involved in the training of staff and other professionals throughout the state relative to treatment of chemical addiction. The center has the capability to produce slide/tape shows,



color and black/white video, original audio recordings, black/white photography, brochures and graphic displays. A main area of emphasis this past year has been the video taping of group therapy sessions for both therapy and group leader supervision.

The video tape library has been revised and offered to staff and other professionals in the field of chemical abuse and health related areas. A traveling display on Morris Village has been produced and has been utilized by the staff in presentations throughout the state. Plans for the upcoming year include a greater emphasis on utilization of closed circuit within the village for resident education and staff training programming.

## LIBRARY AND VOLUNTEER SERVICES

### *Library*

The Morris Village library is staffed by a full-time librarian/volunteer services coordinator. Current newspapers and magazines, and therapeutic videotapes, as well as books, are available. The library encourages both residents and staff to use books and periodicals. Therapists and the librarian suggest materials that tie-in with the residents' treatment. Last year a joint effort by the library and the media center initiated a bibliotherapy program. This has been expanded to include a staff bibliotherapy group.

The Morris Village library participates in the SCDMH inter-library loan program whereby books and journals can be borrowed from State Hospital, Hall Institute, Crafts-Farrow and Bryan Hospital libraries. Inter-library loans are also available from the South Carolina State Library, and through it, Cooper Library at USC; the School of Medicine Library and other Columbia area medical libraries; and Richland County Library. Through the new Substance Abuse Librarian's Group Morris Village has access to other collections on alcohol and drug abuse throughout the country.

To further enhance library availability there are reading centers in each of the cottages and in the women's (staff) lounge. Volunteers donate many of our books and keep the library open many evenings and weekends.

The library acts as a resource to staff by the use of the inter-library services mentioned above and by periodic review and update of subscriptions to professional journals received through the library and available to all staff.

### *Volunteer Services*

Volunteer Services is one of the community liaisons of Morris Village. The Volunteer Services Coordinator is responsible for requesting and accepting donations of materials and services from the community and channeling them to the department in which they can be most useful. She recruits volunteers requested by Morris Village staff and orients

them to the facility. She is also responsible for their recognition.

In cooperation with the Office of Public Affairs the Volunteer Services Coordinator arranges for tours of the facility and speakers to interested groups in the community. She also provides information on alcohol and drug abuse and Morris Village to those who request it.

### **ADMINISTRATIVE SERVICES**

Administrative Services components have continued to improve support and cooperation with Professional Services. Administrative Services continues to monitor budget expenditures due to the shortage of funds for the facility. A reduction of professional staff occurred in this report period. Administrative Services continues to insure the facility is in conformity with the Department of Mental Health policies and procedures.

A major concern has been the commitment of funds to continue providing the highest patient care for alcohol and drug addicted patients. Funding of additional personnel is needed to continue the progress of the facility.

### **REGISTRAR**

The number of admissions and discharges for Morris Village during this year continued at a steady flow. During this fiscal year we have admitted 1309 persons and have discharged 1316 persons. Very few problems have been encountered by the admission personnel during this year.

The medical records department is responsible for storing and retrieving residents' medical records. The records of discharged patients who have not been readmitted from 1971 through 1976 are now on microfilm, therefore making space available for filing more current patient records. During the year we were able to purchase three electronic typewriters for the typing area which have increased the productivity and accuracy of reports.

The post office ran smoothly this year with few problems. All patients funds, postage, petty cash, and cash receipts are handled by our cashier.

### **PERSONNEL SERVICE AND EMPLOYEE RECORDS**

A shortage of funds in our budget this year resulted in a reduction of personnel in Nursing Service and the Young Adult Program. All employees were able to transfer to other facilities except two. In order to live within our budget, we abolished 24 vacant positions and placed a temporary freeze on all remaining vacant positions. During the fiscal year 35 persons were employed, 67 separated, 16 transferred to other



facilities — 13 of these were because of reduction in force — and 10 transferred into Morris Village from other facilities. Other personnel actions included 16 promotions, 12 reclassifications and 2 retired.

The staff contributed \$2,145.18 to the United Way and Good Health Appeal during their yearly campaigns. These are the only two campaigns for charitable organizations presently conducted for state employees.

### FOOD SERVICE

Food Service, with 17 employees, operated three resident dining rooms, a staff dining room and a canteen. The resident dining rooms served three meals per day which are transported from Crafts-Farrow State Hospital. This change was implemented on December 24, 1979. Prior to that time, we were using 3-M modules. The staff dining room still serves only lunch, which is also purchased from Crafts-Farrow State Hospital.

The canteen has had an excellent year with a coffee break from 10:00 to 10:45 a. m. and then reopening at 12:30 p. m. until 7:30 p. m. We offer a large number of short order items, sandwiches (hot and cold), ice cream and other items to help meet the residents' needs.

### SUPPLY AND MAINTENANCE SERVICES

Supply and Maintenance Services was affected by budgetary cuts during the year. Personnel was reduced from 18 positions to 13 positions. The Supply and Maintenance departments were divided and both are now under separate supervision. The combined departments had a successful year brought about by many new changes and improvements.

Notable among the improvements was the addition of two new classrooms. These were electrically wired and water was furnished by Maintenance, while Supply furnished the classrooms. Sidewalks leading to the classrooms were also added. New fencing has been added which completes the northern and western boundaries and encircles the entire village.

A fixed assets unit has been added to Supply, giving greater control over property inventory.

Emergency lights and smoke detectors have been added to the Quarterway Houses, along with fire retardant sheet rock and wainscoting on the walls and stairways. This is being done to bring the houses up to acceptable fire standards.

The Resident Work Program is undergoing a revamping and evaluation. A reduction in the hourly wage paid to residents will affect the program which must be conducted with treatment to the resident as a paramount concern.

Services have been maintained and policy and procedures are being constantly studied to find areas needing improvement. Transportation has been maintained with attention to preventive maintenance rather than repair.

## SECURITY

Morris Village Security continues to aid in the creation of an atmosphere in which meaningful therapy can take place.

All officers are now in uniforms making Morris Village Security more visible within the facility. A more systematic procedure of patrolling has been implemented with the expectation that the increased awareness of the presence of Security personnel will deter unacceptable activity. Routine searches and a well established alcohol and drug screening procedure continue to play a crucial role in contraband control. Perimeter demarcation aids in the passive control of both residents and visitors.

## STATISTICS

The Research and Evaluation staff was reduced by attrition to six employees during the last half of 1979. They were: one Ph.D. counseling psychologist, one M.A. addiction specialist, one research analyst, two clerks and one secretary.

The department was abolished as an organizational unit on January 1, 1980 due to the need for Morris Village to reduce payroll expenses. All six staff were reassigned to vacancies within the SCDMH. Five of these six staff remained at Morris Village with two of the five filling vacancies in other departments while the research analyst and two clerks were assigned to program administration for the purpose of carrying on quality assurance studies.

Before the abolishment of Research and Evaluation, the department continued to have sole responsibility for the programs of Personal and Social Skills Training, Biofeedback and Relaxation Training and Rational Thinking Group. After the abolishment, these functions were continued by individual staff members but the scope of each program, except for relaxation training, was greatly reduced.

## YOUNG ADULT PROGRAM

In response to the budget crisis, a reduction in services to young people became necessary in FY 79-80. The program now serves clients between the ages of thirteen and seventeen, with a capacity of eighteen residents. Female residents are now housed in the adult female cottages.



The value of intensive staff interaction continued to be apparent. Despite the reduction in force, the clinical staff has continued to maintain the same rigorous schedule of seven days a week, 7:00 a.m. to 11:30 p.m. The three week evaluation/orientation period has demonstrated its effectiveness in a number of ways, but chiefly in a four-fold reduction in LWP's.

Cooperative relationships have been strengthened with Juvenile Placement and Aftercare, the South Carolina Commission on Alcohol and Drug Abuse, and the other children and youth programs within the Department of Mental Health.

In addition to the already strong weekend Family Therapy Program, a new program has been designed and implemented by the Family Therapists. It is called the Family Issues Group, and is a structured, educational/discussion group. Other special groups (Women's Group; Men's Activity Group; Career Planning Group) continue to supplement the School Program, regular therapy and recreation groups, and the advocacy program.

### ACTIVITY THERAPY

During fiscal 79-80, the Activity Therapy Service has continued to provide two of the three major referrals attended by all Morris Village Phase III residents. These are Recreational Therapy and Arts and Crafts Shop. Three Recreational Therapy groups averaging 22 residents each meet daily. Also, there are three shop periods each day serving an average of 32 residents per period.

In addition to the above blanket referrals the Activity Therapy Department offered referral groups in Leisure Counseling, Functional Exercise, Women's Exercise, Parenting and Bibliotherapy. These referrals are made by treatment team at the time of staffing and the numbers vary. However, the groups average meeting two times per week with 8 to 12 residents involved.

The Activity Therapy staff is responsible for offering diversionary activities during the evening and on weekends. To this end our staff coverage extends to 9:30 p.m. each day except Sunday. During this period residents are encouraged to take responsibility for planning for themselves with the Activity Therapy staff serving as resource personnel. Further, there are planned activities for the Village as a whole. These include dances, movies, bingo, sports events, etc.

It is also during this period that many of the special emphasis and skill development groups occur. This past year these groups have included participation in a Columbia City Softball League, archery, fishing, and such community orientation trips as dinner out, cultural events, and museum trips.

Activity Therapy for the Young Adult Program has been geared to meet the needs of this special group. Body awareness, self-reliance, and personal confidence have been encouraged via such activities as Men's and Women's groups, swimming instruction and off-campus camping experiences in addition to the regularly operating Recreational Therapy groups.

The group therapy program of Morris Village was supported by Activity Therapy providing approximately 20% of the primary and co-leaders used during the year in Phase III of the treatment program. To the enhancement of this program and others of Activity Therapy, staff participation in Department of Mental Health and other training opportunities was encouraged.

Not only did Activity Therapy staff participate in training, but also in a number of workshops on Leisure Counseling, Recreational Therapy, Advanced Lifesaving and Water Safety, and Emergency First Aid. The internship training program continues. Two students, one from Clemson University and one from the University of Indiana, are on campus this summer for the twelve week program. Our program continues to be the only Recreation Therapy Internship available in the area of substance abuse in the Southeast.

Finally, the program of the Activity Therapy Service has been hurt due to the budgetary cuts suffered by Morris Village. Music Therapy has not been available since August of 1979, when the previous therapist resigned. Further reductions have been the loss of one Recreational Therapist from both Phase III and the Young Adult Program. These reductions have occurred with no accompanying reduction in services required of the department.

## VOCATIONAL REHABILITATION

This fiscal year has been characterized by significant changes in staffing for Vocational Rehabilitation at Morris Village. There were the natural changes due to attrition which included the loss of two counselors, two evaluators and one casework assistant. With the exception of one evaluator position which remains vacant after three months, all of the above mentioned positions have been filled. Therefore, the program is not fully staffed at this writing.

Two persons transferred from the Vocational Rehabilitation Departments at Crafts-Farrow and State Hospital have greatly enhanced both the quantity and quality of services rendered by Vocational Rehabilitation at Morris Village. Under the immediate supervision of the counselors, the paraprofessional rehabilitation assistants transport clients seeking lodging and job interviews. Their contribution the rehabilitation team has enabled counselors to devote more time to clients in



vocational planning, counseling and guidance. Each new employee has contributed his own unique input and enthusiasm while maintaining integrity and continuity in the program.

During the past year, the Vocational Rehabilitation staff interviewed 418 referrals, 22% of the total Village admissions; of the 418 referrals, 282 or 67% were found eligible for Vocational Rehabilitation services. One-hundred sixty-six cases were transferred to Vocational Rehabilitation field counselors in area offices across the state for job placement and follow-up in their home community. One-hundred sixteen clients who remained in the greater Columbia area received job placement and follow-up services through the Vocational Rehabilitation Office at Morris Village. Vocational Rehabilitation at Morris Village sponsored 7 clients in various training and educational programs. As a direct result of the efforts of the Vocational Rehabilitation team at Morris Village, 54 clients who remained in the Columbia area have been rehabilitated at an average cost of \$203 per rehabilitant.

### SOCIAL WORK SERVICE

Amidst a rather trying, often frustrating year, the Social Work Service Department has continued its high quality of professional service delivery. Presently the department consists of 20 staff — five MSW's, ten Social Workers, two Addiction Specialists and three Therapeutic Assistants.

There has been an appreciable increase in individual contacts and in group therapy sessions with residents and families as reflected statistically at the conclusion of this report. Not reflected here, but of particular note, has been the extent of staff participation in primary prevention programs within the community.

We have continued to provide primary leadership and focus for two special emphasis programs — That Whole Family Mess and the Women's Group. Families Anonymous groups have maintained a consistently high profile in the ongoing emphasis on family involvement in the total treatment program.

During the year staff have been available in consultative capacities offering support and information to social service staff of SCSH and BPH in their effort to provide services to hospitalized patients with chemical abuse problems.

And finally, we continued our teaching relationship with the University of South Carolina, College of Social Work, offering practicum experiences for second year graduate students working toward the Master of Social Work degree.

## SUMMARY STATISTICAL REPORT JULY 1979 — JUNE 1980

Individual Contacts (Residents, Families, Collaterals) . . . . .	14,571
Group Therapy Sessions with Residents . . . . .	2,576
Group Therapy Sessions with Families . . . . .	472
Family Members Participating in Group Therapy . . . . .	2,528
(includes Family Groups, Families Anonymous and Couples Group)	

### AFTERCARE SERVICE

During the fiscal year 1979 — 1980 the Aftercare Department at Morris Village continued the development and improvement of its major areas of responsibility. These areas of responsibility are:

1. Follow-up/Outreach
2. Narcotics Anonymous/Alcoholics Anonymous
3. Aftercare planning and referral
4. The Community Residence Program

In spite of cuts in travel funds the Follow-up staff continued working with ex-residents in order to obtain follow-up data. Contacts were attempted with either the resident, a family member or their referral agent in order to assess their progress and assist in program evaluation. Follow-up contacts were attempted with each resident at 3, 6, 12, and 24 months after discharge. Extensive use was made again this year of the Morris Village Road Show. Positive lines of communication were further developed with both local Mental Health Centers and County Commissions on Alcohol and Drug Abuse.

We continued to offer support to both Narcotics Anonymous and Alcoholics Anonymous. There were 247 Alcoholics Anonymous meetings with 2,224 Morris Village residents and 621 ex-residents in attendance. Over 600 individuals both residents and ex-residents participated in the once a week Narcotics Anonymous program. An aftercare couples group continued to meet with ex-residents.

In addition to their other duties the Aftercare Follow-up staff is responsible for doing Aftercare planning and referral with each Morris Village resident. Over 900 referrals were made to local alcohol and drug programs.

The Community Residence Program continued to provide quality housing for both male and female ex-residents. Over 200 admissions were made to the program. Our meal program continued to function well with residents paying for both room and board.



Our relationship with the University of South Carolina — College of Education continued as we offered placements to both practicum students and interns. Three members of the Aftercare Staff also served as faculty at the South Carolina School of Alcohol and Drug Studies.

## PSYCHOLOGY

The Psychology Department has continued to provide quality professional services in the most efficient manner possible during a year of frustrating budget restrictions and major programmatic changes. Psychology staff have assisted in the Center's planning for and adjusting to such necessary changes in a manner which least disrupts resident care.

Although three positions had to be held vacant, continued emphasis has been placed on providing consultative and direct services for all treatment teams. Referrals for psychological and educational evaluations have increased. Close monitoring of the evaluation process and comprehensive feedback to both appropriate staff and to the resident remain an integral part of the psycho-diagnostic procedure.

The Psychology Department has placed even more emphasis on clinical supervision inter-, as well as intra-departmentally. Psychology staff have made didactic presentations for both staff and residents, served on and chaired a variety of committees, and participated in specialized therapies. One of the best received of the latter has been the Assertiveness Training Groups, developed and led by Psychology staff and currently opening up to other disciplines. Participation in both group and individual psychotherapy continues to be a priority.

## COURT LIAISON SERVICES

The Court Liaison unit has continued to provide paraprofessional legal services to adult and juvenile residents at Morris Village with criminal, civil or domestic problems. For the year 1979-1980, the total number of residents referred to the unit was 598.

Although the number of staff members in this unit has been cut by one-half, we continue to provide the same liaison services both to resident population and the legal and judicial communities across the state. Our staff also functions as group therapists and provides appropriate coverage to the five treatment teams.

Our Memorandum of Understanding with the South Carolina Department of Corrections has been updated, resulting in plans to increase the number of referrals from that facility.

In addition, Court Liaison personnel have attended and testified in 19 parole hearings and 35 court appearances.

**Fiscal Year 1979-June 1980**

Clients Accepted .....	598
Leading Referrals:	
Mental Health Centers .....	123
County Commissions .....	243
Probation Officers .....	31
Public Defenders .....	14
Sumter Court Program .....	19
S. C. Department of Corrections .....	30
TASC (Treatment Alternatives to Street Crime) .....	13
Juvenile Placement and Aftercare .....	25
Judges .....	11
Court Appearances .....	35
Parole Hearings .....	19

**ADULT AND ADOLESCENT EDUCATION**

The Adult Education Program at Morris Village is coordinated with Richland County School District 1 Adult Education Department.

Diagnostic tests are administered which enable the instructor to design a program to meet the specific educational deficiencies of each resident. Residents may improve basic educational skills or prepare for the High School Equivalency Examination.

The Adolescent School Program at Morris Village is coordinated with the Special Services Department of Richland County School District One.

The curriculum is designed individually for each resident. It is usually a continuation of the resident's home high school program, a basic remedial program, or a program to prepare the resident to take the high school equivalency exam.

**NURSING SERVICE**

Nursing Service personnel have adjusted as well as possible to the reduction in force. They continue monitoring resident cottages 24-hours a day and provide orientation and transportation to clinics for the residents. Nursing staff are also available for counseling and crisis intervention, as well as for providing nursing care to those residents who are newly admitted or ill. The nursing staff is planning a program of didactic material for the residents while continuing to offer CPR courses and first aid courses for staff and residents.



## MEDICAL SERVICE

The Medical Service, composed of Physicians and Physician's Assistants, functioned for initial evaluation for history and physical examination to facilitate the flow of residents. Each new admission is assigned to a specific staff member who, for continuity, follows the individual from the initial intake point through medical detection and determination of disabilities and limitations, and potential for participating in the treatment program. Sick call geared within a time frame compatible with other facets of the program continued to be a significant improvement and referral to the clinical centers was utilized with more meaningful liaison. The reorganized departmental complex of clinics is utilized for further examination, evaluation and treatment of residents with substance abuse where indicated. Experience with individuals having both a drug problem and a serious mental disorder lead to the formulation of expanded capability for this category of resident.

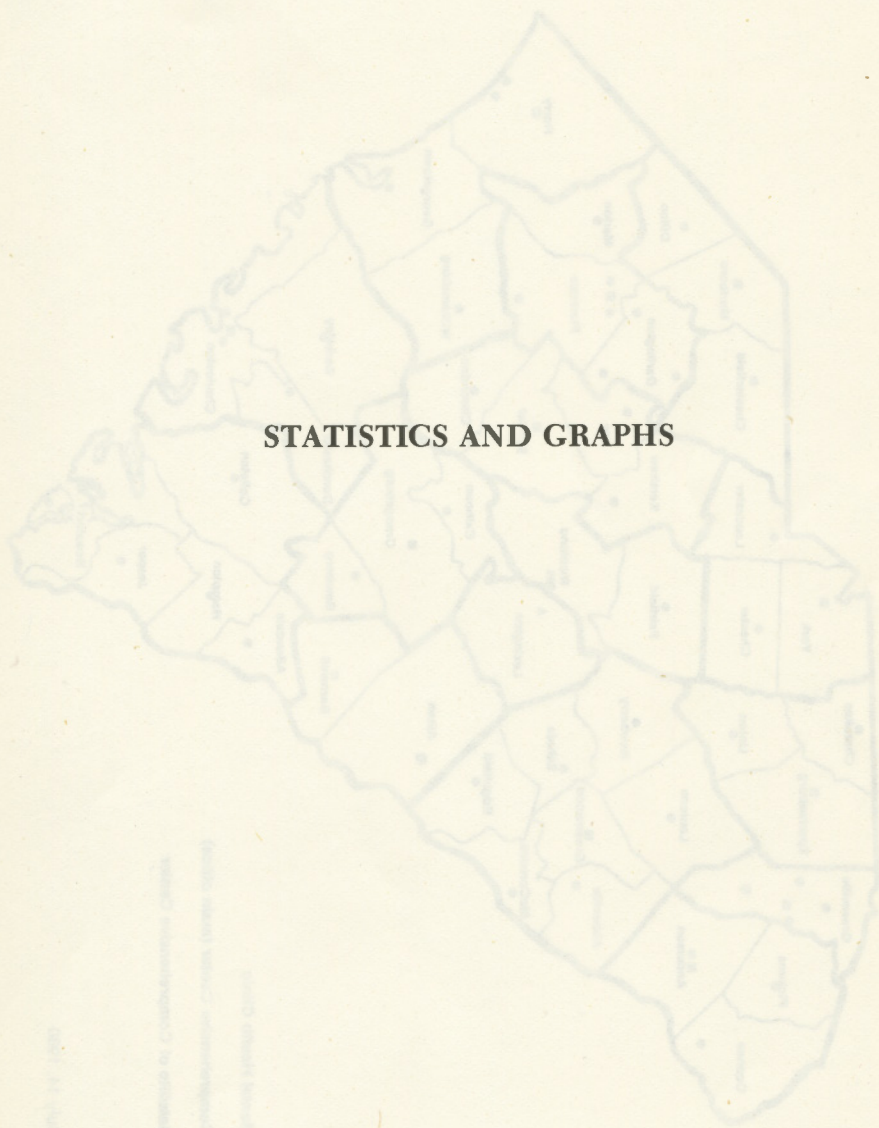
## CHAPLAINCY

The Department of Chaplaincy at Morris Village functions in three primary areas. In direct patient care, every new resident is visited within 24 hours after admission by a Chaplain. Chaplains serve on treatment teams and provide individual therapy, family and group therapy. Two worship services are conducted weekly.

The second major area in which Chaplaincy is involved is education. Clinical Pastoral Education is offered for clergy on basic and advanced level. Workshops for clergy and staff are provided. The Chaplaincy Residency Year Program will not be held for 1980-81 due to the abolishing of stipends.

Chaplains also serve as pastors to staff members who often need someone to listen. Chaplains are also involved in the various committees and programs of Morris Village.

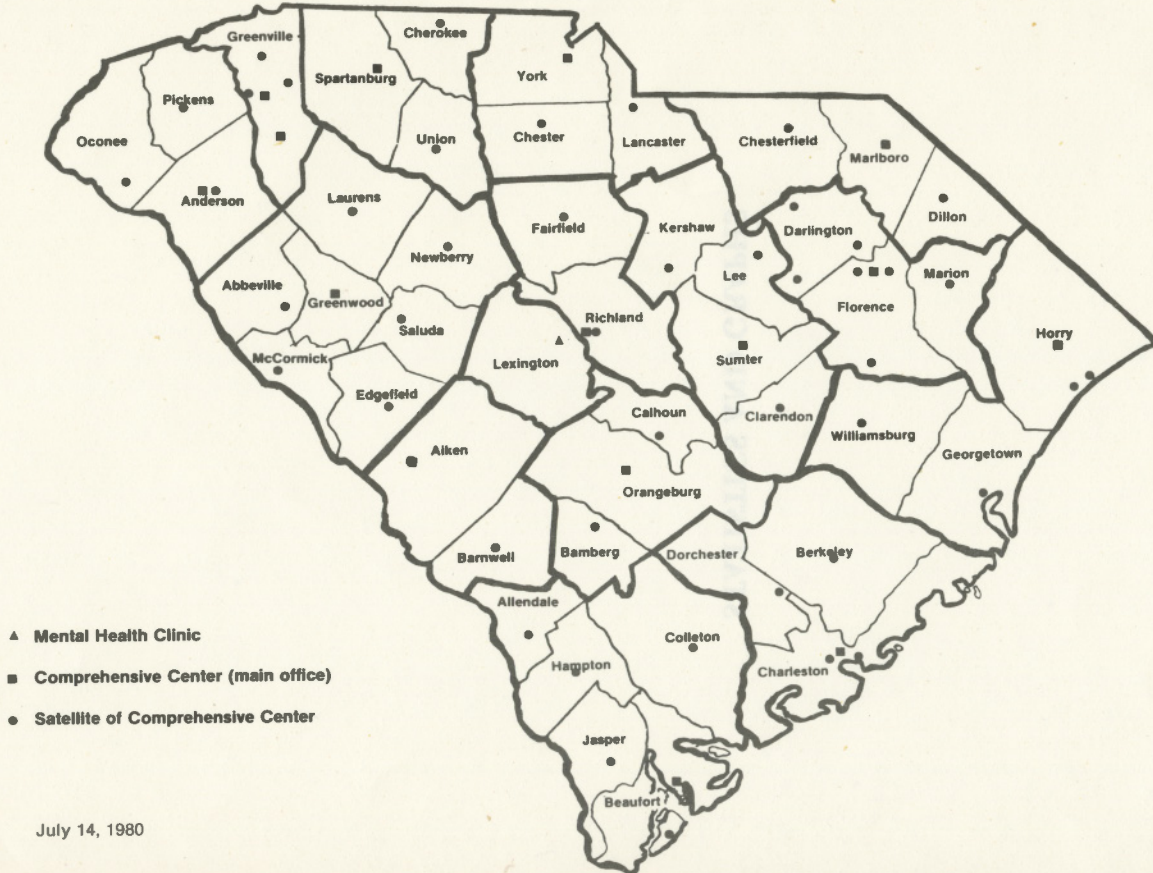
# STATISTICS AND GRAPHS



Statistics of the United Kingdom, 1951  
 Great Britain, 1951



**South Carolina Department of Mental Health  
Division of Community Mental Health Services**



- ▲ Mental Health Clinic
- Comprehensive Center (main office)
- Satellite of Comprehensive Center

July 14, 1980

# **HOSPITAL SERVICES GENERAL STATISTICS FY 1979-1980**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	1990	1657	3647
On leave without permission .....	26	19	45
Total .....	2016	1676	3692
Admissions during twelve months:			
First admissions .....	2544	1336	3880
Re-admissions .....	2632	1371	4003
Transferred in .....	241	173	414
Total received .....	5417	2880	8297
Total on books during twelve months .....	7433	4556	11989
Discharged from books during twelve months .....	5028	2519	7547
Died during twelve months .....	172	189	361
Transferred out .....	242	172	414
Total separated .....	5442	2880	8322
Patients remaining on books at end of hospital year:			
In hospital(s) .....	1942	1651	3593
On leave without permission .....	49	25	74
Total .....	1991	1676	3667
Daily average in hospital(s) .....	1967	1664	3631
Regular discharges from LWP .....	275	97	372
Left without permission .....	552	225	777
Returns from LWP .....	231	92	323
Regular discharges .....	4734	2394	7128
Statistical discharges .....	19	28	47
Types of admissions:			
Voluntary .....	1699	875	2574
Medical Certificate, Non-Judicial .....	14	3	17
Medical Certificate, Emergency .....	2682	1712	4394
Judicial .....	43	17	60
Court Order .....	663	63	726
Order of Governor .....	0	0	0
Order of Mental Health Commission .....	0	0	0
Other .....	75	37	112
Total .....	5176	2707	7883



**SOUTH CAROLINA STATE HOSPITAL  
GENERAL STATISTICS  
FY 1979-1980**

<b>Patient Movement</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	913	604	1517
On leave without permission .....	16	8	24
Total .....	929	612	1541
Admissions during twelve months:			
First Admissions .....	1002	372	1374
Re-admissions .....	1017	418	1435
Transferred in .....	128	72	200
Total received .....	2147	862	3009
Total on books during twelve months .....	3076	1474	4550
Discharged from books during twelve months .....	2120	860	2980
Died during twelve months .....	20	14	34
Transferred out .....	71	43	114
Total separated .....	2211	917	3128
Patients remaining on books at end of hospital year:			
In hospital(s) .....	835	544	1379
On leave without permission .....	30	13	43
Total .....	865	557	1422
Daily average in hospital(s) .....	898	577	1475
Regular discharges from LWP .....	3	4	7
Left without permission .....	213	91	304
Returns from LWP .....	176	62	238
Regular discharges .....	2100	836	2936
Statistical discharges .....	17	20	37
Types of admissions:			
Voluntary .....	195	121	316
Medical Certificate, Non-Judicial .....	0	0	0
Medical Certificate, Emergency .....	1073	575	1648
Judicial .....	19	3	22
Court Order .....	660	62	722
Order of Governor .....	0	0	0
Order of Mental Health Commission .....	0	0	0
Other .....	72	29	101
Total .....	2019	790	2809

**CRAFTS-FARROW STATE HOSPITAL  
GENERAL STATISTICS  
FY 1979-1980**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	707	816	1523
On leave without permission .....	4	7	11
Total .....	711	823	1534
Admissions during twelve months:			
First admissions .....	257	254	511
Re-admissions .....	154	173	327
Transferred in .....	57	53	110
Total received .....	468	480	948
Total on books during twelve months .....	1179	1303	2482
Discharged from books during twelve months .....	328	300	628
Died during twelve months .....	132	148	280
Transferred out .....	41	23	64
Total separated .....	501	471	972
Patients remaining on books at end of hospital year:			
In hospital(s) .....	677	832	1509
On leave without permission .....	1	0	1
Total .....	678	832	1510
Daily average in hospital(s) .....	679	831	1510
Regular discharges from LWP .....	0	1	1
Left without permission .....	6	6	12
Returns from LWP .....	8	6	14
Regular discharges .....	326	294	620
Statistical discharges .....	2	5	7
Types of admissions:			
Voluntary .....	31	45	76
Medical Certificate, Non-Judicial .....	1	1	2
Medical Certificate, Emergency .....	372	376	748
Judicial .....	5	4	9
Court Order .....	2	1	3
Order of Governor .....	0	0	0
Order of Mental Health Commission .....	0	0	0
Other .....	0	0	0
Total .....	411	427	838



**G. WERBER BRYAN PSYCHIATRIC HOSPITAL**  
**GENERAL STATISTICS**  
**FY 1979-1980**

<b>Patient Movement</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	75	40	115
On leave with out permission .....	3	0	3
Total .....	78	40	118
Admissions during twelve months:			
First admissions .....	472	344	816
Re-admissions .....	871	514	1385
Transferred in .....	7	4	11
Total received .....	1350	862	2212
Total on books during twelve months .....	1428	902	2330
Discharged from books during twelve months .....	1197	737	1934
Died during twelve months .....	1	1	2
Transferred out .....	91	80	171
Total separated .....	1289	818	2107
Patients remaining on books at end of hospital year:			
In hospital(s) .....	134	83	217
On leave without permission .....	5	1	6
Total .....	139	84	223
Daily average in hospital(s) .....	86	55	141
Regular discharges from LWP .....	1	0	1
Left without permission .....	23	6	29
Returns from LWP .....	20	5	25
Regular discharges .....	1196	737	1933
Statistical discharges .....	0	0	0
Types of admissions:			
Voluntary .....	144	136	280
Medical Certificate, Non-Judicial .....	4	1	5
Medical Certificate, Emergency .....	1179	712	1891
Judicial .....	16	9	25
Court Order .....	0	0	0
Order of Governor .....	0	0	0
Order of Mental Health Commission .....	0	0	0
Other .....	0	0	0
Total .....	1343	858	2201

**C. M. TUCKER JR. HUMAN RESOURCES CENTER**  
**GENERAL STATISTICS**  
**FY 1979-1980**

Patient Movement	Male	Female	Total
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	158	125	283
On leave without permission .....	0	0	0
Total .....	158	125	283
Admissions during twelve months:			
First admissions .....	20	2	22
Re-admissions .....	29	5	34
Transferred in .....	30	28	58
Total received .....	79	35	114
Total on books during twelve months .....	237	160	397
Discharged from books during twelve months .....	51	8	59
Died during twelve months .....	17	24	41
Transferred out .....	8	3	11
Total separated .....	76	35	111
Patients remaining on books at end of hospital year:			
In hospital(s) .....	161	125	286
On leave without permission .....	0	0	0
Total .....	161	125	286
Daily average in hospital(s) .....	159	124	283
Regular discharges from LWP .....	0	0	0
Left without permission .....	0	0	0
Returns from LWP .....	0	0	0
Regular discharges .....	51	8	59
Statistical discharges .....	0	0	0
Types of admissions:			
Voluntary .....	49	7	56
Medical Certificate, Non-Judicial .....	0	0	0
Medical Certificate, Emergency .....	0	0	0
Judicial .....	0	0	0
Court Order .....	0	0	0
Order of Governor .....	0	0	0
Order of Mental Health Commission .....	0	0	0
Other .....	0	0	0
Total .....	49	7	56



**MORRIS VILLAGE  
GENERAL STATISTICS  
FY 1979-1980**

<b>Patient Movement</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
Patients on books of hospital(s) beginning of hospital year:			
In hospital(s) .....	96	32	128
On leave without permission .....	3	0	3
Total .....	99	32	131
Admissions during twelve months:			
First admissions .....	631	149	780
Re-admissions .....	426	95	521
Transferred in .....	0	0	0
Total received .....	1057	244	1301
Total on books during twelve months .....	1156	276	1432
Discharged from books during twelve months .....	1037	246	1283
Died during twelve months .....	1	0	1
Transferred out .....	0	0	0
Total separated .....	1038	246	1284
Patients remaining on books at end of hospital year:			
In hospital(s) .....	105	20	125
On leave without permission .....	13	10	23
Total .....	118	30	148
Daily average in hospital(s) .....	107	26	133
Regular discharges from LWP .....	263	80	343
Left without permission .....	282	91	373
Returns from LWP .....	7	1	8
Regular discharges .....	774	166	940
Statistical discharges .....	0	0	0
Types of admissions:			
Voluntary .....	1046	243	1289
Medical Certificate-Non-Judicial .....	9	1	10
Medical Certificate, Emergency .....	1	0	1
Judicial .....	0	0	0
Court Order .....	1	0	1
Order of Governor .....	0	0	0
Order of Mental Health Commission .....	0	0	0
Other .....	0	0	0
Total .....	1057	244	1301

C. M. TUCKER, JR. HUMAN RESOURCES CENTER  
 PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1979 - 80



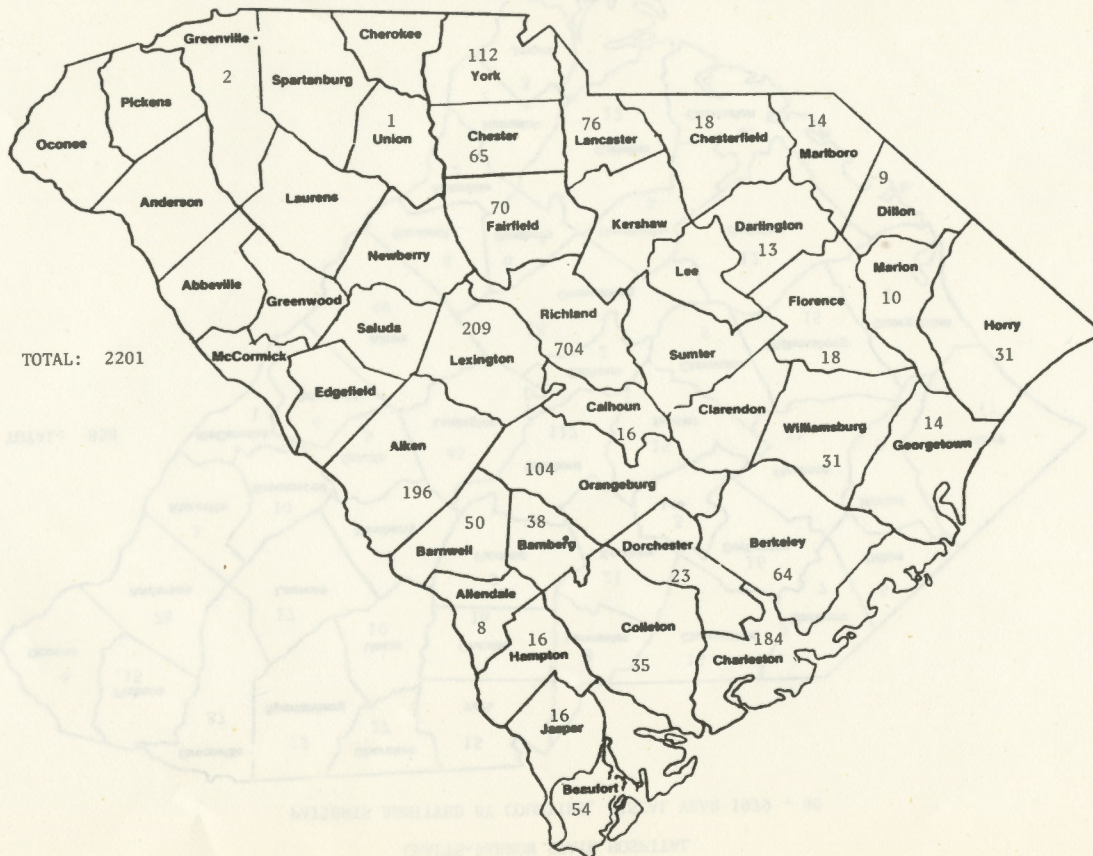


# MORRIS VILLAGE

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1979 - 80



G. WERBER BRYAN PSYCHIATRIC HOSPITAL  
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1979 - 1980





CRAFTS-FARROW STATE HOSPITAL  
 PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1979 - 80



# SOUTH CAROLINA STATE HOSPITAL

PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1979 - 80





WILLIAM S. HALL PSYCHIATRIC HOSPITAL  
PATIENTS ADMITTED BY COUNTIES, FISCAL YEAR 1979 - 80



# SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

## HOSPITAL SERVICES

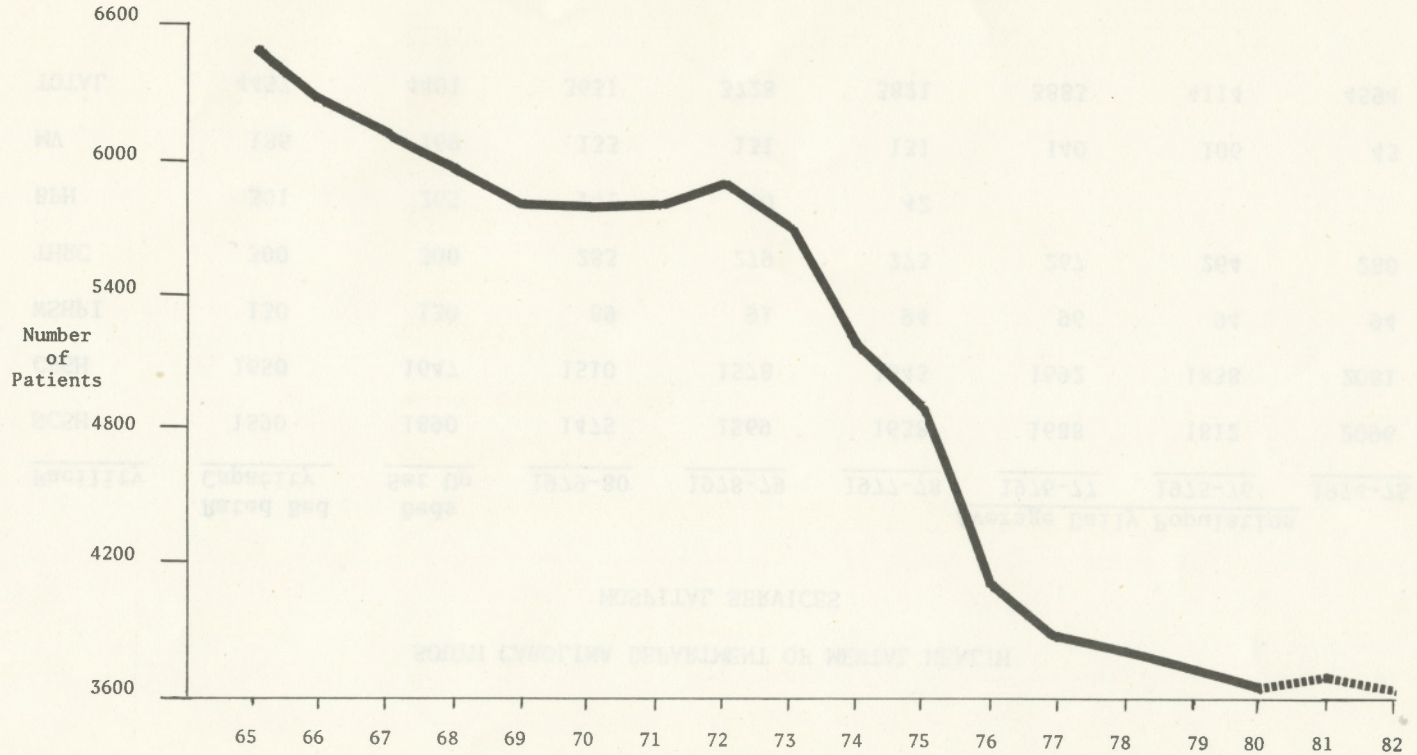
<u>Facility</u>	<u>Rated Bed Capacity</u>	<u>Beds Set Up</u>	<u>1979-80</u>	<u>1978-79</u>	<u>1977-78</u>	<u>Average Daily Population</u>		
						<u>1976-77</u>	<u>1975-76</u>	<u>1974-75</u>
SCSH	1890	1890	1475	1569	1638	1688	1812	2096
CFSH	1650	1647	1510	1578	1643	1692	1838	2081
WSHPI	130	130	89	91	94	96	94	94
THRC	300	300	283	279	273	267	264	280
BPH	301	265	141	80	42			
MV	186	169	133	131	131	140	106	43
TOTAL	4457	4401	3631	3728	3821	3883	4114	4594



# SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

## HOSPITAL SERVICES

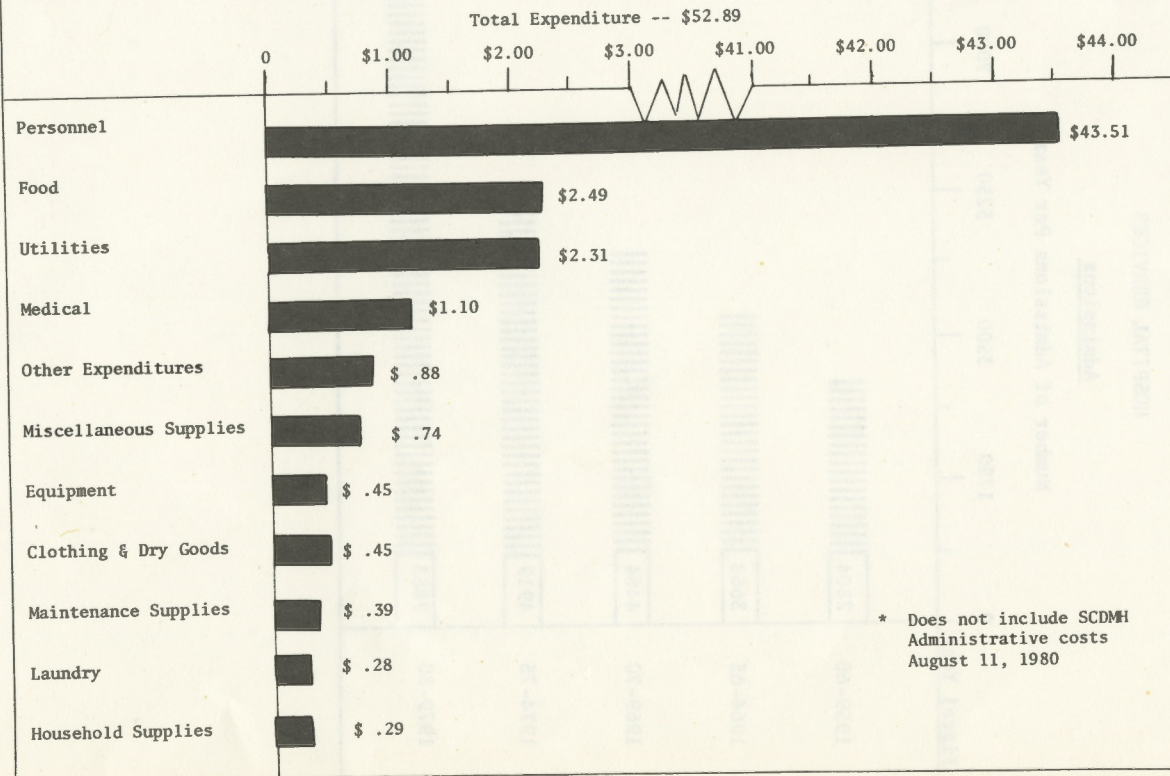
### DAILY AVERAGE POPULATION AND PROJECTED DAILY AVERAGE POPULATION



Year

Prepared by Research & Statistics  
August 1, 1980

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
HOSPITAL SERVICES  
MAINTENANCE EXPENDITURE PER PATIENT PER DAY\*  
1979 - 1980



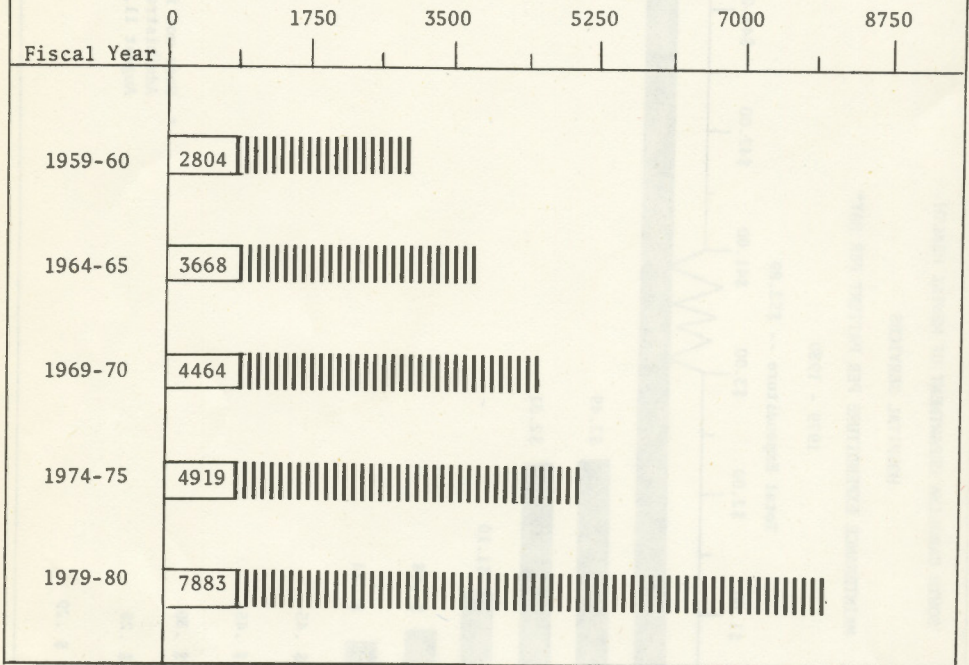


## SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

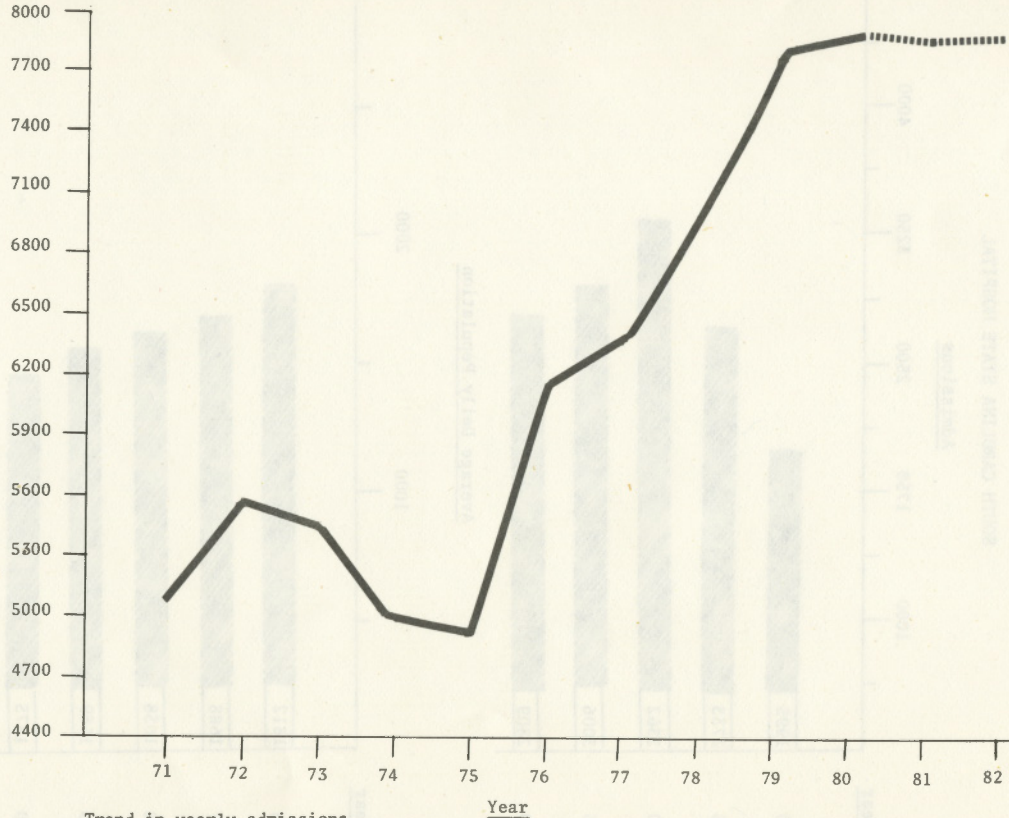
## HOSPITAL SERVICES

Admissions

Number of Admissions Per Year



# Number of Admissions

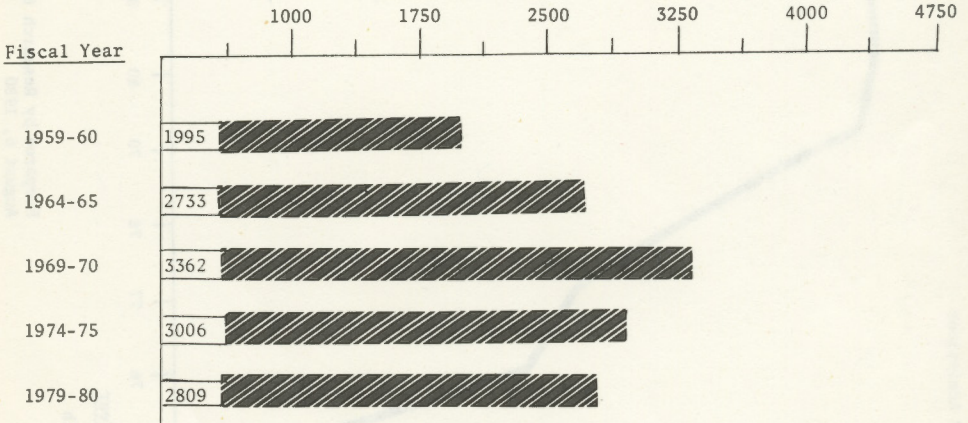
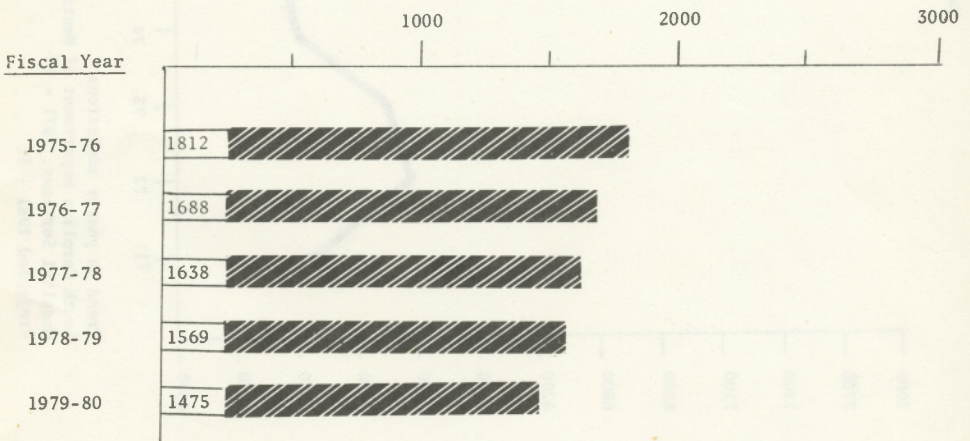


Trend in yearly admissions  
 South Carolina Department of Mental Health  
 Hospital Services, 1971 - 80  
 Projected 1981 - 82

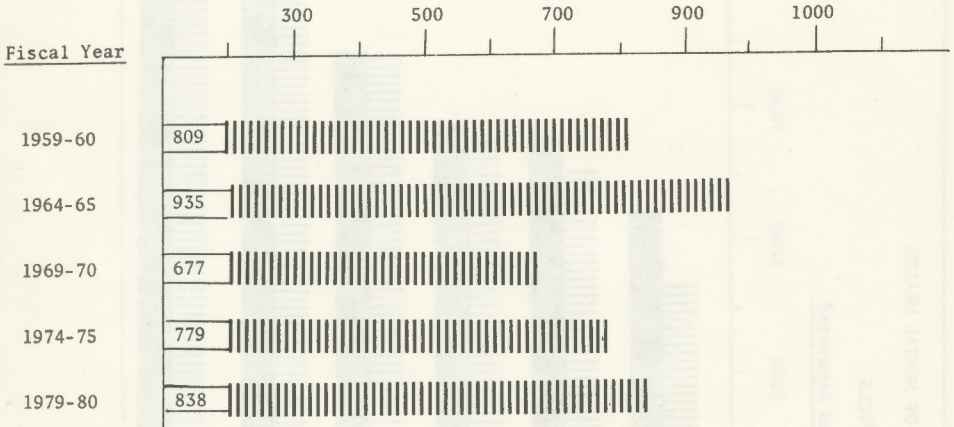
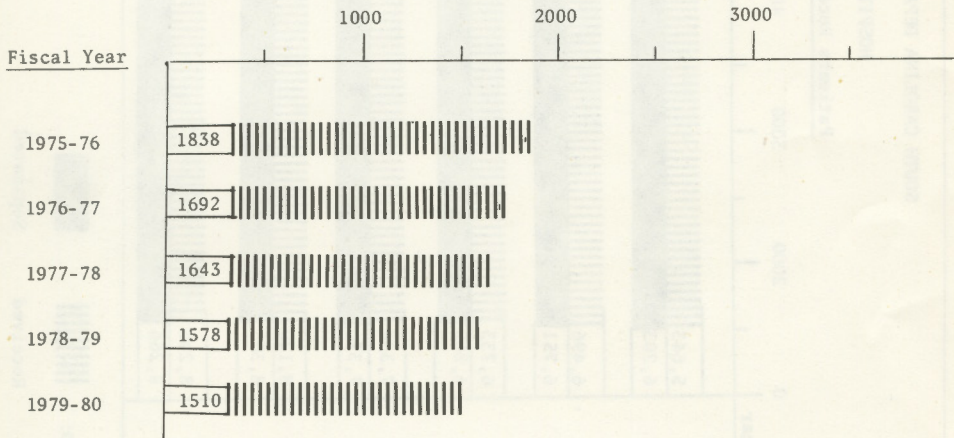
Prepared by Research & Statistics  
 August 6, 1980



## SOUTH CAROLINA STATE HOSPITAL

AdmissionsAverage Daily Population

## CRAFTS-FARROW STATE HOSPITAL

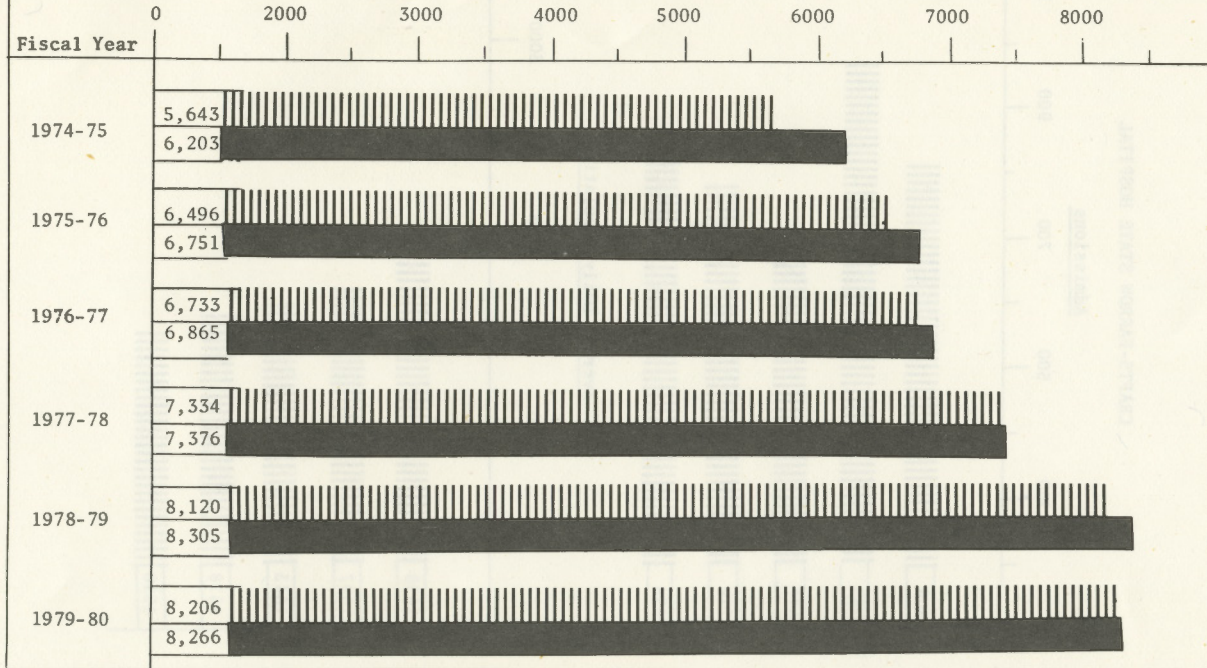
AdmissionsAverage Daily Population



SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES

Patients Received and Separated



LENGEND:



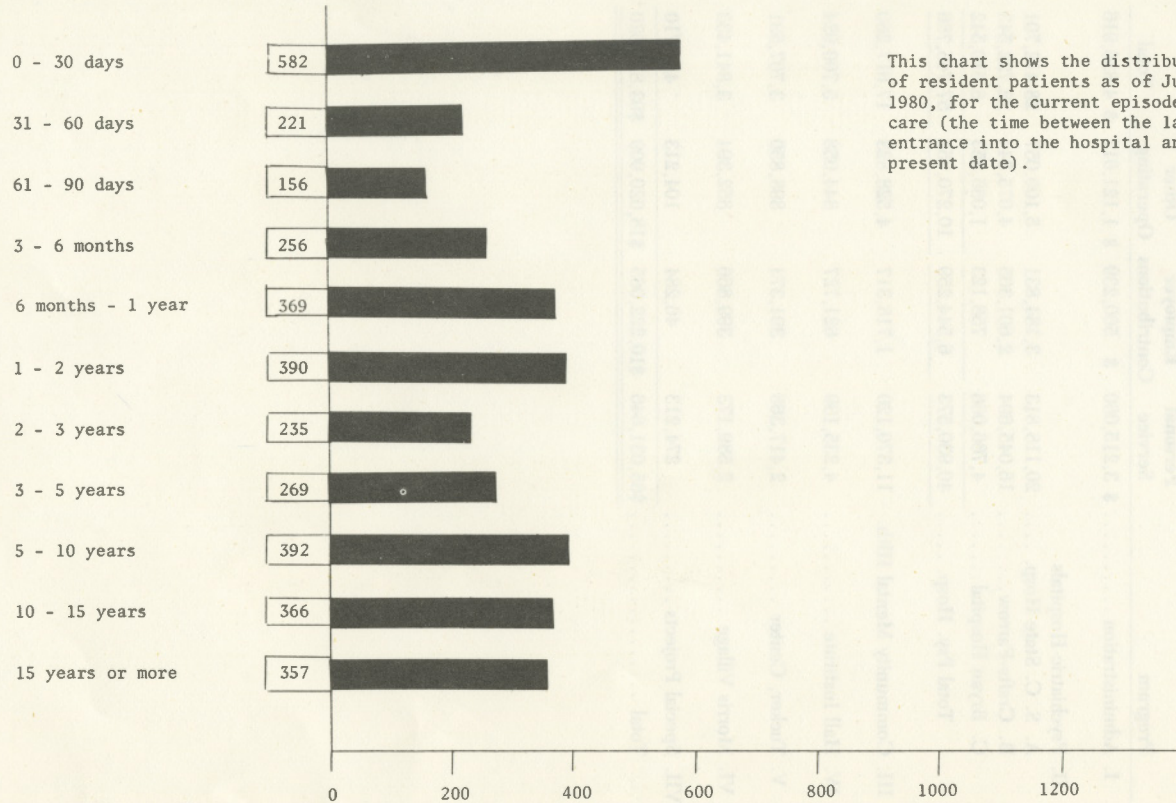
Received



Separated

SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH

HOSPITAL SERVICES



This chart shows the distribution of resident patients as of June 30, 1980, for the current episode of care (the time between the last entrance into the hospital and the present date).

Resident Patients as of June 30, 1980, by Length of Stay

Total 3593



**SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH  
FY 79-80 Expenditures**

<b>Program</b>	<b>Personal Service</b>	<b>Employer Contributions</b>	<b>Other Operating</b>	<b>Total</b>
I. Administration . . . . .	\$ 3,215,060	\$ 500,239	\$ 1,121,617	\$ 4,836,916
II. Psychiatric Hospitals				
A. S. C. State Hosp. . . . .	20,118,813	3,184,831	5,109,057	28,412,701
B. Crafts-Farrow . . . . .	16,045,694	2,601,305	4,075,544	22,722,543
C. Bryan Hospital . . . . .	4,766,066	758,123	1,086,353	6,610,542
Total Psy. Hosp. . . . .	<u>40,930,573</u>	<u>6,544,259</u>	<u>10,270,954</u>	<u>57,745,786</u>
III. Community Mental Hlth. . . . .	11,370,120	1,718,317	4,528,823	17,617,260
IV. Hall Institute . . . . .	4,235,139	621,727	844,058	5,700,924
V. Tucker, Center . . . . .	2,417,368	391,373	898,850	3,707,591
VI. Morris Village . . . . .	2,589,173	399,866	852,394	3,841,433
VII. Special Projects . . . . .	274,213	46,284	104,213	424,710
Total . . . . .	<u>\$65,031,646</u>	<u>\$10,222,065</u>	<u>\$18,620,909</u>	<u>\$93,874,620</u>

SOUTH CAROLINA STATE LIBRARY



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